1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

A 45-year-old woman comes to the office for follow-up of type 2 diabetes mellitus. Current glycated hemoglobin level is 9%. The patient was diagnosed with diabetes a few months ago and was started on metformin twice daily. When the physician asks how she is doing with her medication, she replies, "I use it most of the time, but it's easy to forget when I am feeling good." Which of the following statements is most appropriate to begin a discussion about this patient's nonadherence to her medication?

A. "If you're not more consistent with your medication, we may have to switch to insulin injections."

B. "It's very important that you take your medication regularly, even when you feel fine."

C. "Taking medications daily can be difficult, especially on days you feel well."

D. "Uncontrolled diabetes can result in many dangerous medical complications."

E. "You seem to have difficulty understanding the risks of untreated diabetes, so let's discuss them."

Submit

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A 45-year-old woman comes to the office for follow-up of type 2 diabetes mellitus. Current glycated hemoglobin level is 9%. The patient was diagnosed with diabetes a few months ago and was started on metformin twice daily. When the physician asks how she is doing with her medication, she replies, "I use it most of the time, but it's easy to forget when I am feeling good." Which of the following statements is most appropriate to begin a discussion about this patient's nonadherence to her medication?

A. ~~"If you're not more consistent with your medication, we may have to switch to insulin injections."~~ (0%)

B. "It's very important that you take your medication regularly, even when you feel fine." (20%)

✓ C. "Taking medications daily can be difficult, especially on days you feel well." (73%)

D. ~~"Uncontrolled diabetes can result in many dangerous medical complications."~~ (1%)

E. ~~"You seem to have difficulty understanding the risks of untreated diabetes, so let's discuss them."~~ (3%)

Correct

73%

59 secs

12/07/2020

https://t.me/USMLEWorldStep1

This patient with diabetes has suboptimal control of her blood glucose levels as evidenced by her elevated glycosylated hemoglobin level (HbA1c). She may also have limited understanding of her disease and the potential complications of poor glycemic control (believing that she can skip medication when she feels good). **Medication nonadherence** is more likely to occur when detrimental effects of missed doses are not immediately apparent, as in this situation.

The best initial approach to medication nonadherence is to **acknowledge the difficulty** of taking a medication daily. Validating this patient's experience, rather than immediately judging her behavior, is more likely to facilitate an open discussion of her understanding of the illness and the factors contributing to nonadherence. Addressing possible misunderstandings about treatment in a **nonjudgmental** manner is crucial to promote medication adherence and strengthen the therapeutic alliance.

(Choices A and E) These statements are condescending and judgmental in tone. Physicians should avoid criticizing the patient's behavior or assuming a lack of knowledge.

(Choice B) This statement gives the patient a directive without first exploring her perspective and understanding of the illness. The best initial approach is to engage the patient with a statement that validates her experience and encourages open discussion of her challenges with medication adherence.

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crucial to promote medication adherence and strengthen the therapeutic alliance.

(Choices A and E) These statements are condescending and judgmental in tone. Physicians should avoid criticizing the patient's behavior or assuming a lack of knowledge.

(Choice B) This statement gives the patient a directive without first exploring her perspective and understanding of the illness. The best initial approach is to engage the patient with a statement that validates her experience and encourages open discussion of her challenges with medication adherence.

(Choice D) It would be inappropriate to initiate a discussion on nonadherence by warning the patient about dangerous complications. Education about the illness and the importance of adherence should be done in a supportive and nonthreatening manner.

Educational objective:
Physicians should use a nonjudgmental, patient-centered approach in discussing treatment nonadherence. Acknowledging the difficulty of taking medication regularly can strengthen the therapeutic alliance, potentially improving patient receptiveness to educational efforts.

References

- Health communication, self-care, and treatment satisfaction among low-income diabetes patients in a public health setting.

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www.ncbi.nlm.nih.gov/pubmed/25468393

An 86-year-old woman is brought to the emergency department due to a worsening cough and fatigue and is found to have pneumonia. The physician explains the diagnosis and treatment plan, including admission and intravenous antibiotics. The patient replies, "I'd prefer to leave. I'm more comfortable at home." She asks to be discharged with oral antibiotics. The physician explains that intravenous antibiotics are preferred and that the risks of worsening infection may include sepsis and death. The patient appreciates the risks involved and still wishes to go home. She does not have an advance directive. Her son, who lives with her, says she must stay in the hospital for treatment. She has no other children and has been separated from her husband for the past year. Medical history includes mild cognitive impairment and hypertension. On mental status examination, the patient is fully oriented. She has no suicidal ideation, although she states that she is not afraid of death "if it is my time." It is most appropriate for which of the following people to make treatment decisions for this patient?

A. A court-appointed guardian
B. The ethics committee
C. The patient
D. The patient's son

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asks to be discharged with oral antibiotics. The physician explains that intravenous antibiotics are preferred and that the risks of worsening infection may include sepsis and death. The patient appreciates the risks involved and still wishes to go home. She does not have an advance directive. Her son, who lives with her, says she must stay in the hospital for treatment. She has no other children and has been separated from her husband for the past year. Medical history includes mild cognitive impairment and hypertension. On mental status examination, the patient is fully oriented. She has no suicidal ideation, although she states that she is not afraid of death "if it is my time." It is most appropriate for which of the following people to make treatment decisions for this patient?

A. A court-appointed guardian
B. The ethics committee
C. The patient
D. The patient's son
E. The patient's spouse
F. The physician

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the risks involved and still wishes to go home. She does not have an advance directive. Her son, who lives with her, says she must stay in the hospital for treatment. She has no other children and has been separated from her husband for the past year. Medical history includes mild cognitive impairment and hypertension. On mental status examination, the patient is fully oriented. She has no suicidal ideation, although she states that she is not afraid of death "if it is my time." It is most appropriate for which of the following people to make treatment decisions for this patient?

A. A court-appointed guardian (0%)
B. The ethics committee (0%)
✓ C. The patient (94%)
D. The patient's son (3%)
E. The patient's spouse (0%)
F. The physician (0%)

Correct
94%
01 min, 08 secs
11/29/2020

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Assessment of decision-making capacity	
Criterion	**Patient task**
Communicates a choice	Patient able to clearly indicate preferred treatment option
Understands information provided	Patient understands condition & treatment options
Appreciates consequences	Patient acknowledges having condition & likely consequences of treatment options, including no treatment
Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision

It is difficult when a patient refuses therapy that the physician knows can be life-saving. Patients with decision-making capacity have the **right to refuse treatment** based on the ethical **principle of autonomy**. Those who refuse treatment should be assessed for **decision-making capacity**. Conditions that can impair capacity include delirium, moderate to severe cognitive impairment, psychosis, and severe depression.

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depression.

Although this patient has a history of mild cognitive impairment, her decision-making capacity is intact. She is fully oriented, understands her medical condition, and appreciates the potential consequences of her decision. She communicates a choice and provides a rationale for her decision (being more comfortable at home). The autonomy of patients with decision-making capacity should be respected. The physician does not have to agree with the decision, provided that the patient demonstrates capacity.

(Choice A) The courts should intervene when there is no available next of kin to make decisions for an incapacitated or incompetent patient. In such cases, the court appoints a guardian to act on the patient's behalf.

(Choice B) The hospital ethics committee can make recommendations in complex situations (eg, family members unable to agree on a decision for an incapacitated patient), but it cannot legally act to make decisions for the patient because it has not been designated as a guardian by the court.

(Choices D and E) Because this patient does not lack decision-making capacity, there is no need for a family member to serve as decision-maker. If the patient were incapacitated, decision-making responsibility would fall to the next of kin. The spouse is the immediate next of kin, followed by the adult child, unless specified otherwise in an advance directive.

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members unable to agree on a decision for an incapacitated patient), but it cannot legally act to make decisions for the patient because it has not been designated as a guardian by the court.

(Choices D and E) Because this patient does not lack decision-making capacity, there is no need for a family member to serve as decision-maker. If the patient were incapacitated, decision-making responsibility would fall to the next of kin. The spouse is the immediate next of kin, followed by the adult child, unless specified otherwise in an advance directive.

(Choice F) It is the physician's responsibility to adhere to the decisions of patients with decision-making capacity despite personal beliefs about best treatment.

Educational objective:

The capacity to refuse treatment requires the ability to express a choice, understand the relevant medical information, appreciate the consequences of treatment options, and offer a rationale for the decision. Patients with decision-making capacity have the right to refuse medical treatment.

References

- Assessment of healthcare decision-making capacity.

Behavioral science | Social Sciences (Ethics/Legal/Professional) | Decision making capacity

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A 49-year-old man comes to the office due to dysuria and hematuria. Vital signs are within normal limits and physical examination is unremarkable; urinalysis shows gross hematuria but is otherwise normal. The physician discusses potential causes and the need for a cystoscopy. The patient is told what to expect during the procedure and is given written information and a referral list with instructions on how to schedule an appointment with a urologist. He anxiously glances over the papers, saying he will make an appointment soon. Office staff had informed the physician that the patient was unable to follow the directions on the sign-in sheet and declined to fill out paperwork. Which of the following physician responses is the most appropriate at this time?

A. "I'd like to ask you some questions about your background; could you tell me how far you got in school?"

B. "I'm concerned about your ability to read and fill out forms; have you always had trouble with this?"

C. "Sometimes patients have difficulty making appointments; could you please read the instructions out loud?"

D. "The forms you get before an appointment help me do a thorough evaluation; could you fill them

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during the procedure and is given written information and a referral list with instructions on how to schedule an appointment with a urologist. He anxiously glances over the papers, saying he will make an appointment soon. Office staff had informed the physician that the patient was unable to follow the directions on the sign-in sheet and declined to fill out paperwork. Which of the following physician responses is the most appropriate at this time?

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B. "I'm concerned about your ability to read and fill out forms; have you always had trouble with this?"

C. "Sometimes patients have difficulty making appointments; could you please read the instructions out loud?"

D. "The forms you get before an appointment help me do a thorough evaluation; could you fill them out next time?"

E. "We've discussed a lot of information today; how confident are you with scheduling an appointment for yourself?"

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appointment soon. Office staff had informed the physician that the patient was unable to follow the directions on the sign-in sheet and declined to fill out paperwork. Which of the following physician responses is the most appropriate at this time?

A. ~~"I'd like to ask you some questions about your background; could you tell me how far you got in school?"~~ (8%)

B. ~~"I'm concerned about your ability to read and fill out forms; have you always had trouble with this?"~~ (5%)

C. ~~"Sometimes patients have difficulty making appointments; could you please read the instructions out loud?"~~ (15%)

D. ~~"The forms you get before an appointment help me do a thorough evaluation; could you fill them out next time?"~~ (3%)

✓ E. "We've discussed a lot of information today; how confident are you with scheduling an appointment for yourself?" (67%)

Correct

67%
Answered correctly

01 min, 27 secs
Time Spent

09/07/2020
Last Updated

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This patient's difficulty following written directions and reluctance to fill out paperwork are clues that suggest **low health literacy**, a common and underrecognized barrier to health care. Low health literacy (ie, difficulty with accessing, understanding, or using medical information to make decisions) contributes to poor health care access and outcomes, including medication errors, missed appointments, and failure to follow up with tests and referrals.

Although formal literacy tests have been used in research, they are not recommended in clinical settings because they can be stigmatizing. Effective **communication** requires a patient-centered approach that **avoids causing shame** and embarrassment. Using an open-ended question that **encourages discussion of any concerns** about making the appointment is the best way to address the issue without shaming the patient. If this patient expressed difficulty, he could be assisted in scheduling the appointment while in the office.

(Choice A) How far someone went in school does not necessarily indicate literacy level. In addition, this may be perceived as judgmental and condescending.

(Choice B) Many patients with low literacy levels are embarrassed and attempt to conceal their difficulty. This confrontational approach assumes the patient has difficulty reading and writing, which may make him increasingly anxious and uncomfortable.

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(Choice B) Many patients with low literacy levels are embarrassed and attempt to conceal their difficulty. This confrontational approach assumes the patient has difficulty reading and writing, which may make him increasingly anxious and uncomfortable.

(Choice C) This response inappropriately puts the patient on the spot to assess his literacy level.

(Choice D) This response ignores the clues that suggest possible low health literacy. Failing to address this increases the risk that the patient will not schedule the cystoscopy and be lost to follow-up.

Educational objective:

Low health literacy is a common and underrecognized barrier to health care. It is important to assess patients' understanding of provided information without shaming or causing embarrassment.

References

- Health literacy in primary care practice.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Health literacy
Subject	System	Topic

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A 64-year-old woman is brought to the emergency department by her husband and a friend. The patient was diagnosed with aplastic anemia a year ago. She has responded poorly to immunosuppressive therapy and has required multiple blood transfusions. The patient is currently febrile, disoriented, and unable to respond to questions. Complete blood count shows pancytopenia. During the evaluation, the friend presents the physician with a notarized health care proxy document, signed a month ago, in which the patient designated the friend as her proxy. The friend tells the physician that the patient did not want to undergo any further blood transfusions. The husband adamantly insists that the patient receive a blood transfusion and says that it is what she would have wanted. Who should make the decision regarding the transfusion?

- A. Courts
- B. Ethics committee
- C. Friend
- D. Husband
- E. Patient

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was diagnosed with aplastic anemia a year ago. She has responded poorly to immunosuppressive therapy and has required multiple blood transfusions. The patient is currently febrile, disoriented, and unable to respond to questions. Complete blood count shows pancytopenia. During the evaluation, the friend presents the physician with a notarized health care proxy document, signed a month ago, in which the patient designated the friend as her proxy. The friend tells the physician that the patient did not want to undergo any further blood transfusions. The husband adamantly insists that the patient receive a blood transfusion and says that it is what she would have wanted. Who should make the decision regarding the transfusion?

A. Courts
B. Ethics committee
C. Friend
D. Husband
E. Patient
F. Physician

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respond to questions. Complete blood count shows pancytopenia. During the evaluation, the friend presents the physician with a notarized health care proxy document, signed a month ago, in which the patient designated the friend as her proxy. The friend tells the physician that the patient did not want to undergo any further blood transfusions. The husband adamantly insists that the patient receive a blood transfusion and says that it is what she would have wanted. Who should make the decision regarding the transfusion?

- A. Courts (1%)
- B. Ethics committee (2%)
- ✓ C. Friend (89%)
- D. Husband (3%)
- E. Patient (1%)
- F. Physician (1%)

Correct

89%
Answered correctly

48 secs
Time Spent

01/05/2021
Last Updated

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A **health care proxy** (durable power of attorney for health care) is a legal document specifying a person chosen by the patient to make health care decisions in the event the patient becomes incapacitated and cannot make decisions for him/herself. The proxy is obligated to "speak" for the patient and **make decisions in accordance with what the patient would have wanted**. This patient has designated her friend (not her husband) as her health care proxy and, therefore, the friend's decisions should be respected. One might reasonably assume that the patient purposely chose the friend because she felt that the friend would best represent her wishes. Legally, the designated **health care proxy overrules all other decision makers** regardless of family relationships.

In the absence of a health care proxy or advance directive, family members typically serve as surrogate decision makers in the following order: spouse, adult children, parents, siblings. If the patient had not designated a health care proxy, the husband would be allowed to serve as his wife's surrogate decision maker as her next of kin **(Choice D)**. Situations in which family members disagree and there is no proxy can be referred to the ethics committee or, as a last resort, to the courts **(Choices A and B)**.

(Choice E) The patient is currently disoriented and lacks decision-making capacity; therefore, she is unable to either consent to or refuse treatment.

(Choice F) The physician is obligated to respect the patient's wishes as communicated by her chosen

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designated a health care proxy, the husband would be allowed to serve as his wife's surrogate decision maker as her next of kin **(Choice D)**. Situations in which family members disagree and there is no proxy can be referred to the ethics committee or, as a last resort, to the courts **(Choices A and B)**.

(Choice E) The patient is currently disoriented and lacks decision-making capacity; therefore, she is unable to either consent to or refuse treatment.

(Choice F) The physician is obligated to respect the patient's wishes as communicated by her chosen health care proxy.

Educational objective:

A health care proxy is a person legally designated to make medical decisions in the event the patient loses decision-making capacity. The proxy overrules all other possible surrogate decision makers, including family members.

References

- Ethics update: lessons learned from Terri Schiavo: the importance of healthcare proxies in clinical decision-making.

Behavioral science Social Sciences (Ethics/Legal/Professional) Advance directive/surrogate decision maker

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A male newborn, born at 39 weeks gestation, is evaluated in the labor and delivery unit 2 hours after birth. Prenatal care was limited due to infrequent follow-up, and there were no complications during the delivery. Apgar scores were 7 and 9 at 1 and 5 minutes, respectively. Weight is 2.47 kg (5 lbs, 7 oz) and vital signs are normal. Physical examination shows upslanting palpebral fissures, transverse palmar creasing, and widening of the space between the first and second toes. The parents share that they are glad the delivery went well. Which of the following is the most appropriate statement by the physician at this time?

A. "Although your son is healthy and doing well, he may have a chromosomal disorder."

B. "I have some news that may be unexpected; would it be okay to share that with you now?"

C. "This may be difficult to hear, but it looks like your son may have Down syndrome."

D. "Unfortunately, your son may have Down syndrome; I'd like to do some bloodwork to confirm."

E. "Your son has some concerning examination findings; did you have any prenatal testing done?"

Submit

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A. ~~"Although your son is healthy and doing well, he may have a chromosomal disorder."~~ (8%)

✓ B. "I have some news that may be unexpected; would it be okay to share that with you now?" (64%)

C. ~~"This may be difficult to hear, but it looks like your son may have Down syndrome."~~ (2%)

D. ~~"Unfortunately, your son may have Down syndrome; I'd like to do some bloodwork to confirm."~~ (2%)

E. "Your son has some concerning examination findings; did you have any prenatal testing done?" (22%)

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Explanation

Communicating the news of a suspected diagnosis of **Down syndrome** (DS) at the time of delivery requires an **empathic approach** that is responsive to the parent's emotional needs and **avoids negative bias** about the diagnosis. Parents should be informed of the diagnosis as soon as possible in a private setting that allows them time to process the news, express their emotions, and ask any questions they may have. Initiating the discussion with statements that frame the diagnosis negatively (eg, "I'm sorry," "I have bad news") should be avoided because they convey implicit bias that the intellectual disability associated with DS is devastating, which may not reflect the parents' values or views about their child. A shift from "breaking bad news" to "sharing unexpected news" can help prepare the parents to receive the information without imposing negative value judgments.

Detailed information about the diagnosis should be tailored to the parents' knowledge base and how much they want to know at this point in time. The physician should provide information about local resources and support groups and make a plan for follow-up discussion.

(Choice A) This statement uses medical jargon to deliver life-changing news without warning. Parents should be prepared that unexpected news is coming, and the physician should use language that is easily understood.

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(Choice A) This statement uses medical jargon to deliver life-changing news without warning. Parents should be prepared that unexpected news is coming, and the physician should use language that is easily understood.

(Choices C and D) These statements are not neutral and frame the diagnosis negatively. Initiating the discussion with "unexpected" rather than "bad" news is preferable.

(Choice E) Sharing alarming news that the baby's examination is abnormal and inquiring if prenatal testing was done is insensitive and may be perceived as judgmental. When characteristic dysmorphic features of DS are present, it is better to share the findings, explain the diagnosis, and answer any questions the parents may have.

Educational objective:
Communicating the news of a suspected diagnosis of Down syndrome at the time of delivery requires an empathic approach. A shift from "breaking bad news" to "sharing unexpected news" can help prepare the parents to receive the information without imposing negative value judgments.

References

- Practice guidelines for communicating a prenatal or postnatal diagnosis of Down syndrome: recommendations of the National Society of Genetic Counselors.

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www.ncbi.nlm.nih.gov/pubmed/21618060

An 82-year-old woman is hospitalized in a busy tertiary care hospital due to fever and shortness of breath. The patient has a history of chronic obstructive pulmonary disease. She is diagnosed with pneumonia and started on empiric antibiotic therapy overnight by the admitting physician. After several days of treatment, the patient's condition deteriorates, and she is transferred to the intensive care unit. Sputum cultures were obtained on admission, but the results were not checked by the daytime team, resulting in a delay in initiating more specific antibiotic treatment. Which of the following interventions would be most effective to prevent this type of medical error?

A. Decrease the required patient caseload for physicians
B. Increase frequency of team meetings to discuss critically ill patients
C. Obtain infectious disease consultation
D. Require more detailed sign-out notes
E. Use standardized patient handoffs

Submit

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An 82-year-old woman is hospitalized in a busy tertiary care hospital due to fever and shortness of breath. The patient has a history of chronic obstructive pulmonary disease. She is diagnosed with pneumonia and started on empiric antibiotic therapy overnight by the admitting physician. After several days of treatment, the patient's condition deteriorates, and she is transferred to the intensive care unit. Sputum cultures were obtained on admission, but the results were not checked by the daytime team, resulting in a delay in initiating more specific antibiotic treatment. Which of the following interventions would be most effective to prevent this type of medical error?

A. ~~Decrease the required patient caseload for physicians~~ (5%)

B. Increase frequency of team meetings to discuss critically ill patients (12%)

C. ~~Obtain infectious disease consultation~~ (2%)

D. Require more detailed sign-out notes (12%)

✓ E. Use standardized patient handoffs (67%)

67% 01 min, 49 secs 10/03/2020

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In the hospital setting, multiple providers will assume responsibility for a patient's care at different times of the day, which can result in discontinuity of care. As a result, patients are at higher risk of adverse outcomes when providers do not communicate well during transitions. The process of transferring responsibility for medical care is referred to as a patient handoff, with "sign-out" referring to the process of transmitting information about the patient and needed follow-up care. Oversights and **communication failures** during the sign-out and handoff process have been linked to **adverse events** in a range of hospital settings. Omission of key information during handoffs can result in medication errors, avoidable escalations in care (eg, transfer to the intensive care unit), redundancies in care, and delays in diagnosis or treatment.

Standardized handoffs that include specified key elements (eg, a systematic procedure for sign-out, checklists of tasks that need to be completed) have been shown to significantly **reduce preventable adverse events**.

(Choices A and B) Reducing patient caseloads and increasing the frequency of team meetings to discuss critically ill patients can both provide more time for physicians to communicate patient care information. However, these interventions would not ensure that critical information is transmitted consistently between providers.

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critically ill patients can both provide more time for physicians to communicate patient care information. However, these interventions would not ensure that critical information is transmitted consistently between providers.

(Choice C) Consulting an infectious disease specialist would help ensure correct antibiotic treatment and could be appropriate in this patient depending on the clinical scenario and/or culture results. However, this intervention is not cost-effective for every patient and therefore would not be the most effective intervention.

(Choice D) Requiring more detailed sign-out notes provides more information on each patient but decreases efficiency and increases the probability that important details will be overlooked. Applying a systematic organization method to sign-out notes is a more effective strategy to ensure that essential tasks are not neglected.

Educational objective:
Communication failures between physicians during patient handoffs are a major cause of medical errors and can be reduced by use of a standardized handoff process including systematic sign-out notes.

References

- Rates of medical errors and preventable adverse events among hospitalized children following implementation of a resident handoff bundle.

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www.ncbi.nlm.nih.gov/pubmed/24302089

A 65-year-old man enters a persistent vegetative state following a high-speed motor vehicle accident. A feeding tube is placed while efforts are made to contact the patient's wife, who is visiting family in Europe. When she arrives at the hospital, she is grief-stricken at the news. She says that her husband does not have a living will, but explains that he often said, "if anything bad ever happens to me, make sure they don't stick those tubes in me just to keep me alive. I've lived a good life and just want to die with dignity." The patient's adult children demand that everything be done to keep their father alive. In an effort to mediate the issue, the treating physician holds a family conference with the hospital ethics team present. Despite acknowledging that the patient did not wish to live with "tubes," his children express discomfort with withdrawing the feeding tube. Which of the following is the most appropriate course of action?

A. Do nothing and allow the tube feedings to continue

B. Inform the wife that if she does not want the patient to be kept alive with a feeding tube, she will need to remove the tube herself

C. Keep the feeding tube in place according to the children's wishes as they are the patient's closest blood relatives

D. Remove the feeding tube in accordance with the patient's wishes as described by his wife

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feeding tube is placed while efforts are made to contact the patient's wife, who is visiting family in Europe. When she arrives at the hospital, she is grief-stricken at the news. She says that her husband does not have a living will, but explains that he often said, "if anything bad ever happens to me, make sure they don't stick those tubes in me just to keep me alive. I've lived a good life and just want to die with dignity." The patient's adult children demand that everything be done to keep their father alive. In an effort to mediate the issue, the treating physician holds a family conference with the hospital ethics team present. Despite acknowledging that the patient did not wish to live with "tubes," his children express discomfort with withdrawing the feeding tube. Which of the following is the most appropriate course of action?

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D. Remove the feeding tube in accordance with the patient's wishes as described by his wife

E. Transfer care to another physician who specializes in handling end-of-life care

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have a living will, but explains that he often said, "If anything bad ever happens to me, make sure they don't stick those tubes in me just to keep me alive. I've lived a good life and just want to die with dignity." The patient's adult children demand that everything be done to keep their father alive. In an effort to mediate the issue, the treating physician holds a family conference with the hospital ethics team present. Despite acknowledging that the patient did not wish to live with "tubes," his children express discomfort with withdrawing the feeding tube. Which of the following is the most appropriate course of action?

A. Do nothing and allow the tube feedings to continue (2%)

B. Inform the wife that if she does not want the patient to be kept alive with a feeding tube, she will need to remove the tube herself (0%)

C. Keep the feeding tube in place according to the children's wishes as they are the patient's closest blood relatives (1%)

✓ D. Remove the feeding tube in accordance with the patient's wishes as described by his wife (94%)

E. Transfer care to another physician who specializes in handling end-of-life care (1%)

Correct

94%
Answered correctly

01 min, 09 secs
Time Spent

09/16/2020
Last Updated

https://t.me/USMLEWorldStep1

This patient is in a persistent vegetative state and requires a feeding tube to sustain his life. A persistent vegetative state is a condition arising from severe brain damage that results in a state of wakefulness without awareness. Patients may regain consciousness within 6 months in approximately 50% of cases, but rarely without severe subsequent disability.

Based on the ethical principle of **autonomy**, decisions about end-of-life care and life-sustaining treatment should be made by the patient, and the patient's wishes must be respected by the physician. If the patient is unable to make decisions, then decision making falls to a surrogate (or the next of kin in the absence of a formally designated surrogate). The surrogate must make healthcare decisions based on what the patient would have wanted. However, even if advance directives are available, families often struggle with balancing the desire to follow the patient's wishes and feeling responsible for ending a loved one's life. Clinicians should facilitate discussions with surrogates and other family members to help them choose treatment options that are most consistent with the patient's values and preferences. Family meetings with social workers and hospital chaplains and/or multidisciplinary conferences involving the hospital ethics committee can often aid in this process.

This patient has no designated surrogate, so medical decision making falls to the next of kin. Usually, the patient's spouse is the next of kin, although the children may sometimes have joint next-of-kin status

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patient's spouse is the next of kin, although the children may sometimes have joint next-of-kin status depending on state laws **(Choice C)**. Regardless of whether the children are also considered next of kin, both they and the wife express concordant knowledge regarding the patient's preferences for end-of-life treatment. Even though the children are hesitant to withdraw care, the tube should be removed in accordance with the wife's decision, as the best available evidence suggests this is what the patient would want most.

(Choice A) End-of-life treatment decisions should follow the patient's preferences. To continue tube feedings and subsequently do nothing for the patient violates his wishes for end-of-life care as expressed by his legal next of kin, his spouse.

(Choice B) Telling a family member to perform a medical procedure on a loved one is inappropriate.

(Choice E) Transferring care to another physician is not an appropriate course of action.

Educational objective:
When patients are unable to make end-of-life decisions for themselves and no written advance directives exist, responsibility for those decisions falls to the next of kin. However, all surrogate medical decisions, including next-of-kin decisions, must be based on the best estimation of what the patient would have wanted.

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A 52-year-old man diagnosed with advanced pancreatic cancer comes to the oncologist for follow-up. His cancer is unresectable and he is receiving palliative treatment. The physician has previously discussed his prognosis at length. The patient stopped working 2 months ago, has lost 22.6 kg (50 lb), and now feels too weak to play with his children. During his visit, he says, "I am a survivor and know I can beat this. I'm going to do whatever I can to be around for my kids." Which of the following is the most appropriate response to the patient at this time?

A. "I am concerned that you are in denial about your prognosis."

B. "It will be important for you to prepare your children for your death."

C. "Unfortunately, there is no cure for pancreatic cancer and there is nothing else we can do."

D. "We can hope for the best, but let's focus on how to maximize the remaining time with your children."

E. "You are going through a normal stage of grief, which will eventually result in acceptance."

Submit

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A 52-year-old man diagnosed with advanced pancreatic cancer comes to the oncologist for follow-up. His cancer is unresectable and he is receiving palliative treatment. The physician has previously discussed his prognosis at length. The patient stopped working 2 months ago, has lost 22.6 kg (50 lb), and now feels too weak to play with his children. During his visit, he says, "I am a survivor and know I can beat this. I'm going to do whatever I can to be around for my kids." Which of the following is the most appropriate response to the patient at this time?

A. ~~"I am concerned that you are in denial about your prognosis."~~ (4%)

B. ~~"It will be important for you to prepare your children for your death."~~ (1%)

C. ~~"Unfortunately, there is no cure for pancreatic cancer and there is nothing else we can do."~~ (2%)

✓ D. "We can hope for the best, but let's focus on how to maximize the remaining time with your children." (90%)

E. "You are going through a normal stage of grief, which will eventually result in acceptance." (2%)

90% 55 secs 01/07/2021

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The physician is confronted with a patient who is in denial about his terminal illness and remains unrealistically hopeful about surviving pancreatic cancer (median prognosis 8-12 months for unresectable, locally advanced disease and 3-6 months for metastatic disease). According to Elizabeth Kubler-Ross's model of grief, patients may go through 5 stages in coping with terminal illness (Table).

Five stages of grief – terminal illness	
Denial	Denies illness, severity, or prognosis
Anger	Directly expressed or may be displaced onto physician or others
Bargaining	Tries to "strike a bargain" in return for surviving illness
Depression	Becomes sad, detached, hopeless
Acceptance	Comes to terms with impending death, "at peace"

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Although previously thought to occur in sequence, patients may experience stages of grief in a different order or only some of the stages. Patient reactions to terminal illness are variable and mediated by coping

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Although previously thought to occur in sequence, patients may experience stages of grief in a different order or only some of the stages. Patient reactions to terminal illness are variable and mediated by coping style, personality, culture, values, and religious beliefs. Hope, even when unrealistic, can be a powerful mechanism to help patients cope with painful emotions and the ordeal of treatment. The best approach to a patient in denial is to first determine whether the denial is interfering with medical care (eg, patient refusing a curative treatment) or significant relationships. This patient's denial is not interfering with his receiving treatment or his relationships; therefore, his denial should not be confronted. The physician should validate the patient's hope but encourage him to focus on short-term plans to maximize his participation in areas that give meaning to his life (ie, spending quality time with his children).

(Choices A and C) These statements directly confront the patient's denial and are not indicated as it does not interfere with his medical care or significant relationships. Removing hope may have a detrimental effect on the patient's ability to cope with the stress of terminal illness.

(Choice B) Although helping the patient's children cope with his impending death is important, the patient would unlikely be receptive to discussion at this stage.

(Choice E) Not all patients go through all stages of grief, and this statement focuses more on clinical

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should validate the patient's hope but encourage him to focus on short-term plans to maximize his participation in areas that give meaning to his life (ie, spending quality time with his children).

(Choices A and C) These statements directly confront the patient's denial and are not indicated as it does not interfere with his medical care or significant relationships. Removing hope may have a detrimental effect on the patient's ability to cope with the stress of terminal illness.

(Choice B) Although helping the patient's children cope with his impending death is important, the patient would unlikely be receptive to discussion at this stage.

(Choice E) Not all patients go through all stages of grief, and this statement focuses more on clinical jargon than on the patient's emotional needs at this time.

Educational objective:
Patients faced with terminal illness may experience stages of grief, including denial, anger, bargaining, depression, and acceptance. Denial that does not impair relationships or interfere with patient care should not be confronted.

References

- An empirical examination of the stage theory of grief.

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An 82-year-old man is admitted to the hospital in the middle of the night. He is non-communicative and has multiple comorbidities, including end-stage lung cancer. The patient has not designated a specific power of attorney and does not have an advance directive on file. His wife of many years, who is at the hospital with him, has an extensive conversation with the physician in charge of his care. During the conversation, she says that the patient had mentioned on several occasions not to resuscitate him if he were near death as he did not want to live "attached to machines or brain dead." She says that he just wants to die in peace when the time comes. What would be the most appropriate course of action if the patient enters ventricular fibrillation?

A. Attend to the patient's comfort and allow his family to be present with him as he is dying

B. Begin full resuscitation as the patient's wife has no official documentation of her husband's wishes

C. Consult the hospital ethics committee

D. Inform the nursing staff that the patient is "do not resuscitate" and suspend all treatment

E. Place defibrillator pads and administer vasopressin only

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attorney and does not have an advance directive on file. His wife of many years, who is at the hospital with him, has an extensive conversation with the physician in charge of his care. During the conversation, she says that the patient had mentioned on several occasions not to resuscitate him if he were near death as he did not want to live "attached to machines or brain dead." She says that he just wants to die in peace when the time comes. What would be the most appropriate course of action if the patient enters ventricular fibrillation?

A. Attend to the patient's comfort and allow his family to be present with him as he is dying (67%)

B. ~~Begin full resuscitation as the patient's wife has no official documentation of her husband's wishes~~ (7%)

C. ~~Consult the hospital ethics committee~~ (3%)

D. ~~Inform the nursing staff that the patient is "do not resuscitate" and suspend all treatment~~ (14%)

E. ~~Place defibrillator pads and administer vasopressin only~~ (7%)

Correct

67%

01 min, 25 secs

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A physician's mandate is to honor the wishes of patients with respect to end-of-life care. This patient **cannot communicate** and has **no written documentation** of his wishes; therefore, the **next of kin becomes responsible** for making medical decisions. His wife is present and, after discussion with the doctor, says that her husband does not want to be resuscitated. A "do not resuscitate" **(DNR)** order is placed by a physician and indicates that a patient should not undergo cardiopulmonary resuscitation. This **includes basic life support** (mouth-to-mouth breathing, chest compressions) as well as **advanced cardiac life support** (intubation, mechanical ventilation, defibrillation, and administering medications such as vasopressors or epinephrine). Additional wishes such as the desire to not be fed artificially or any other limitations of care can be specified.

The next of kin is responsible for making decisions based on what the patient would want, not on what the next of kin wants. The order of next of kin is determined by proximity of relationship and age of majority. In most cases, the order is the spouse, adult children, parents, and adult siblings. In this case, the patient's wife is present and has made her husband's wishes known. Therefore, the patient should not be resuscitated and the family should be allowed to be with the patient during his final moments.

(Choice B) The wife is the next of kin and has the right to make decisions for the patient, as he is incapacitated with no written documentation of his wishes. Nothing in the question stem suggests

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(Choice B) The wife is the next of kin and has the right to make decisions for the patient, as he is incapacitated with no written documentation of his wishes. Nothing in the question stem suggests inadequate or insincere communication between the wife and the physician, and so her decision should be respected.

(Choice C) Consulting the hospital ethics committee would be appropriate if family members were unable to agree on the patient's care. This should be done before the need for emergent end-of-life decisions arise.

(Choice D) It is essential that the physician be present to attend to the patient's needs and comfort at the end of life. It is inappropriate to suspend comfort care (eg, supplemental oxygen, pain medication).

(Choice E) Treatment of ventricular fibrillation is part of the advanced cardiac life support cardiac arrest algorithm. The patient's wife clearly states that her husband does not want to undergo resuscitation efforts and simply wants to die in peace when the time comes. Advanced cardiac life support steps are not indicated in a patient who is DNR.

Educational objective:
When patients are unable to make their wishes known and there is no written documentation of them, the

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respected.

(Choice C) Consulting the hospital ethics committee would be appropriate if family members were unable to agree on the patient's care. This should be done before the need for emergent end-of-life decisions arise.

(Choice D) It is essential that the physician be present to attend to the patient's needs and comfort at the end of life. It is inappropriate to suspend comfort care (eg, supplemental oxygen, pain medication).

(Choice E) Treatment of ventricular fibrillation is part of the advanced cardiac life support cardiac arrest algorithm. The patient's wife clearly states that her husband does not want to undergo resuscitation efforts and simply wants to die in peace when the time comes. Advanced cardiac life support steps are not indicated in a patient who is DNR.

Educational objective:
When patients are unable to make their wishes known and there is no written documentation of them, the responsibility for medical decision-making falls to their designated health care proxy. If a patient has not designated a surrogate decision maker, medical decisions default to the next of kin. In the case of a married person, the next of kin is usually the spouse.

References

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A 24-year-old man comes to the office because of mood changes. He has felt depressed, irritable, and anxious nearly every day for 2 months. The patient has difficulty getting out of bed in the mornings and staying focused at work. He has no medical conditions and takes no medications. The patient drinks 3 or 4 beers daily and more on weekends. The physician provides education about the link between alcohol and mood changes. The patient responds, "But it really helps me to unwind and relax after a long workday and makes it easier to fall asleep. It's also how I hang out with my friends on weekends. I can't see quitting." Which of the following is the most appropriate statement by the physician at this time?

A. "Alcohol is likely making your depression worse. It will be harder to treat your depression without addressing alcohol."

B. "Although you feel alcohol helps you to relax, I am concerned that you are using it to self-medicate your depression."

C. "I can understand your reasons for using alcohol. What are the downsides to drinking from your perspective?"

D. "I get it, but there are other, healthier ways to relax. Would you be willing to discuss those?"

E. "I understand your reasons and see that you are not ready to make a change. I am here to help

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anxious nearly every day for 2 months. The patient has difficulty getting out of bed in the mornings and staying focused at work. He has no medical conditions and takes no medications. The patient drinks 3 or 4 beers daily and more on weekends. The physician provides education about the link between alcohol and mood changes. The patient responds, "But it really helps me to unwind and relax after a long workday and makes it easier to fall asleep. It's also how I hang out with my friends on weekends. I can't see quitting." Which of the following is the most appropriate statement by the physician at this time?

A. "Alcohol is likely making your depression worse. It will be harder to treat your depression without addressing alcohol."

B. "Although you feel alcohol helps you to relax, I am concerned that you are using it to self-medicate your depression."

C. "I can understand your reasons for using alcohol. What are the downsides to drinking from your perspective?"

D. "I get it, but there are other, healthier ways to relax. Would you be willing to discuss those?"

E. "I understand your reasons and see that you are not ready to make a change. I am here to help when you feel ready."

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4 beers daily and more on weekends. The physician provides education about the link between alcohol and mood changes. The patient responds, "But it really helps me to unwind and relax after a long workday and makes it easier to fall asleep. It's also how I hang out with my friends on weekends. I can't see quitting." Which of the following is the most appropriate statement by the physician at this time?

A. ~~"Alcohol is likely making your depression worse. It will be harder to treat your depression without addressing alcohol."~~ (0%)

B. ~~"Although you feel alcohol helps you to relax, I am concerned that you are using it to self-medicate your depression."~~ (2%)

✓ C. "I can understand your reasons for using alcohol. What are the downsides to drinking from your perspective?" (75%)

✗ D. "I get it, but there are other, healthier ways to relax. Would you be willing to discuss those?" (5%)

E. "I understand your reasons and see that you are not ready to make a change. I am here to help when you feel ready." (15%)

Incorrect

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Motivational interviewing	
Indications	• Substance use disorders • Other behaviors in patients who are not ready to change
Principles	• Acknowledge resistance to change • Address discrepancies between behavior & long-term goals • Enhance motivation to change (support self-efficacy) • Remain nonjudgmental
Technique (OARS)	• Ask **O**pen-ended questions (encourage further discussion) • Give **A**ffirmations • **R**eflect & **S**ummarize main points

This patient believes that alcohol plays a beneficial role in his life (helping with relaxation, sleep, and socialization) and explicitly states that he does not want to quit. **Motivational interviewing** is a **patient-centered** approach to help change maladaptive behaviors; it matches strategies to the patient's **stage of readiness** to make a change. The goal is to develop the patient's own intrinsic motivation to change,

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This patient believes that alcohol plays a beneficial role in his life (helping with relaxation, sleep, and socialization) and explicitly states that he does not want to quit. **Motivational interviewing** is a **patient-centered** approach to help change maladaptive behaviors; it matches strategies to the patient's **stage of readiness** to make a change. The goal is to develop the patient's own intrinsic motivation to change, rather than using pressure to motivate change.

This patient should be educated about the link between mood and alcohol to help him see the discrepancy between continued alcohol use and his goal of not being depressed. However, direct confrontation of his resistance to change (eg, advising the patient not to drink, dwelling on adverse consequences of alcohol use) is likely to make him feel misunderstood, attacked, or criticized and may lead to conflict or defensiveness. It is more productive to **acknowledge** the patient's **resistance** to change as a starting point. This involves reflecting the patient's view that alcohol helps him relax and then encouraging discussion of any downsides to drinking from his perspective. In this way, the patient is encouraged to identify ambivalent feelings about drinking that can help him begin to make his own arguments for change.

(Choice A) This statement focuses on the negative aspects of alcohol use and insists that it be addressed, which may lead to defensiveness rather than change. Instead, the patient's resistance should be respected, and his internal motivation encouraged.

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respected, and his internal motivation encouraged.

(Choice B) Although this response initially acknowledges the patient's perspective, it then makes an assumption that may be experienced as judgmental. It would be better to encourage an open-ended discussion about how the patient himself understands his alcohol use.

(Choice D) This approach prematurely focuses on alternative behaviors without first developing the patient's ambivalence about drinking and intrinsic motivation to make a change. The patient should be encouraged to come up with possible alternative behaviors himself rather than forcing suggestions on him.

(Choice E) Although this statement accurately reflects the patient's current lack of readiness to make a change, it does not encourage discussion and prematurely terminates any efforts to facilitate change.

Educational objective:
Motivational interviewing is a patient-centered approach to help change maladaptive behaviors; it matches strategies to the patient's stage of readiness to make a change. This includes acknowledging the patient's resistance and developing the patient's own motivation to change.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Motivational interviewing
Subject	System	Topic

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A 29-year-old man comes to the urgent care clinic for evaluation of a sore throat and nasal congestion. After waiting for 2 hours, he is taken to an examination room. Vital signs are within normal limits. When the physician enters the room, the patient loudly says, "I've been here for hours, and there were barely any people in the waiting room. I'm missing work to be here." In addition to thanking the patient for waiting, which of the following initial responses by the physician is most appropriate?

A. "I apologize for the delay; let's talk about the symptoms you've been experiencing."

B. "I know the waiting room appears empty; the staff is working hard to see patients efficiently."

C. "Unfortunately, the wait was so long because we triage patients based on urgency and severity."

D. "Wait times are usually shorter at outpatient offices because urgent care clinics can be unpredictable."

E. "You have a reason to be angry. I'm also frustrated that patients have to wait this long."

Submit

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A 29-year-old man comes to the urgent care clinic for evaluation of a sore throat and nasal congestion. After waiting for 2 hours, he is taken to an examination room. Vital signs are within normal limits. When the physician enters the room, the patient loudly says, "I've been here for hours, and there were barely any people in the waiting room. I'm missing work to be here." In addition to thanking the patient for waiting, which of the following initial responses by the physician is most appropriate?

- A. "I apologize for the delay; let's talk about the symptoms you've been experiencing." (66%)
- B. "I know the waiting room appears empty; the staff is working hard to see patients efficiently." (9%)
- C. "Unfortunately, the wait was so long because we triage patients based on urgency and severity." (2%)
- D. "Wait times are usually shorter at outpatient offices because urgent care clinics can be unpredictable." (0%)
- E. "You have a reason to be angry. I'm also frustrated that patients have to wait this long." (20%)

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Explanation

Patient-centered communication involves being responsive to the **patient's perspective**. Initial interactions are particularly important because they set the foundation for the physician-patient relationship. Acknowledging the patient's perspective and being **respectful**, **nondefensive**, and **nonjudgmental** are important for developing rapport and fostering the physician-patient relationship.

In this scenario, the patient is upset because he waited 2 hours and missed work, which is compounded by his perception that the wait was avoidable. The best approach is to offer a straightforward apology for the delay, instead of attempting to justify it, and then focus on the reason for the visit. This response keeps the focus on the patient's needs and perspective.

(Choice B) This response attempts to justify why the waiting room is empty rather than acknowledging the impact of the delay on the patient. It is likely to be perceived as defensive and does not foster the physician-patient relationship.

(Choices C and D) These responses assume that the patient's condition is not serious or urgent. They may also convey that the patient's concerns are being given lower priority and insinuate that the patient made a mistake in coming to an urgent care clinic. A patient who is already frustrated is likely to experience these comments as dismissive and judgmental.

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physician-patient relationship.

(Choices C and D) These responses assume that the patient's condition is not serious or urgent. They may also convey that the patient's concerns are being given lower priority and insinuate that the patient made a mistake in coming to an urgent care clinic. A patient who is already frustrated is likely to experience these comments as dismissive and judgmental.

(Choice E) Although this statement acknowledges the patient's perspective, it does not attempt to defuse and could possibly increase the patient's anger. Focusing on the reason for the patient's visit is likely to be more productive.

Educational objective:
Patient-centered communication involves acknowledging the patient's perspective, showing respect, and being nondefensive and nonjudgmental. Long delays are best handled with a straightforward apology and a focus on the patient's concerns.

References

- "Best practice" for patient-centered communication: a narrative review.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A physician working on a rehabilitation unit discovers that a patient is experiencing an acute allergic reaction to a medication. The physician calls for nursing assistance. When the nurse arrives, the physician instructs the nurse to administer "25 mg of diphenhydramine IV push". Which of the following responses from the nurse ensures a lower risk of communication errors?

A. "Preparing 25 mg of diphenhydramine for IV push."
B. "I will give 25 mg of diphenhydramine stat."
C. "Okay."
D. "Order received and completed."
E. "Yes, doctor."

Submit

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A physician working on a rehabilitation unit discovers that a patient is experiencing an acute allergic reaction to a medication. The physician calls for nursing assistance. When the nurse arrives, the physician instructs the nurse to administer "25 mg of diphenhydramine IV push". Which of the following responses from the nurse ensures a lower risk of communication errors?

- A. "Preparing 25 mg of diphenhydramine for IV push." (85%) ✓
- B. "I will give 25 mg of diphenhydramine stat." (12%)
- C. "Okay." (0%)
- D. "Order received and completed." (1%)
- E. "Yes, doctor." (0%)

Correct

85% Answered correctly

19 secs Time Spent

01/11/2021 Last Updated

Explanation

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Clear communication between health care team members is an essential component of high-quality patient care. Errors can occur frequently when communication is unclear or vague, and communication errors are one of the most common factors involved in malpractice claims for medical errors.

Closed-loop communication is a form of effective communication used in health care settings and other high-risk fields. This technique lowers the risk of misunderstandings by ensuring clear communication. It enhances the team's ability to exchange clear, concise information; acknowledges receipt of the information; and confirms its understanding. Closed-loop communication typically involves an individual (the sender) transmitting a message to another individual (the receiver), who then repeats the message back to the sender. The sender typically will confirm the message by saying "yes".

In this situation, the nurse must repeat the order in an accurate and concise manner to convey that the physician's message has been received. The physician should confirm by saying "yes" following the nurse's statement to convey that this is correct.

(Choice B) Although this response conveys that the nurse has comprehended that the patient needs diphenhydramine immediately, it does not convey the nurse's understanding of the correct route of administration.

(Choices C, D, and E) Responses such as these are vague and do not convey whether the nurse has

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physician's message has been received. The physician should confirm by saying "yes" following the nurse's statement to convey that this is correct.

(Choice B) Although this response conveys that the nurse has comprehended that the patient needs diphenhydramine immediately, it does not convey the nurse's understanding of the correct route of administration.

(Choices C, D, and E) Responses such as these are vague and do not convey whether the nurse has fully and accurately understood the order.

Educational objective:
Health care providers working on a team should employ closed-loop communication, in which team members repeat back the information received to ensure that the correct information has been conveyed. This highly effective form of communication reduces the risk of medical errors in the health care setting.

References

- Communicating, coordinating, and cooperating when lives depend on it: tips for teamwork.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient safety
Subject	System	Topic

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A 57-year-old man with amyotrophic lateral sclerosis (ALS) is participating in a clinical trial evaluating a novel therapeutic agent. The patient is accompanied by his wife for the initial session. The research coordinator provides a description of the study and tells the wife he is optimistic that the medication will help patients like her husband. He then shares that more participants are needed for the study to be successful and asks if she would like to enroll as a healthy control. In obtaining consent for the wife's participation, which of the following principles is at risk of being violated by the research coordinator?

A. Beneficence
B. Confidentiality
C. Nonmaleficence
D. Veracity
E. Voluntariness

Submit

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A 57-year-old man with amyotrophic lateral sclerosis (ALS) is participating in a clinical trial evaluating a novel therapeutic agent. The patient is accompanied by his wife for the initial session. The research coordinator provides a description of the study and tells the wife he is optimistic that the medication will help patients like her husband. He then shares that more participants are needed for the study to be successful and asks if she would like to enroll as a healthy control. In obtaining consent for the wife's participation, which of the following principles is at risk of being violated by the research coordinator?

- A. Beneficence (7%)
- B. Confidentiality (15%)
- C. Nonmaleficence (11%)
- D. Veracity (8%)
- ✓ E. Voluntariness (56%)

Correct

56% Answered correctly

01 min, 20 secs Time Spent

01/31/2021 Last Updated

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Process of informed consent	
Disclosure	Disclosure of key information: medical condition, proposed intervention & risks/benefits of accepting/declining intervention
Understanding	Confirmation of decision-making capacity & understanding of disclosed information
Voluntariness	Process conducted without coercion or manipulation; consent must be freely given
Authorization	Documentation of accepting/declining intervention once fully informed

Informed consent is a complex medicolegal process that varies slightly across jurisdiction and setting (eg, a clinical versus research setting). Informed consent is generally considered to contain **4 primary elements**: **disclosure, understanding, voluntariness**, and **authorization**. Disclosure involves providing the patient with information about their medical condition, the proposed medical intervention (eg, experimental drug), and the potential risks and benefits of accepting or declining the proposed intervention. For a consent to be valid, a subject must possess decision-making capacity, and the research coordinator must confirm understanding of the disclosed information. Informed consent must be **voluntarily given** and be **free from** any forces of **coercion or manipulation**.

In the described scenario, the research coordinator has suggested to the wife that the experimental

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In the described scenario, the research coordinator has suggested to the wife that the experimental medication is likely to help her husband, but that the research study may not be "successful" if more participants don't enroll. This is manipulative and violates the principle of voluntariness because the patient's wife may feel coerced to participate to help her husband.

(Choices A and C) The major principles of medical ethics include autonomy, beneficence, nonmaleficence, and justice. Beneficence refers to the ethical imperative for medical interventions to be guided by an intent to do good for a patient. Nonmaleficence refers to the ethical principle of avoiding doing harm to a patient.

(Choice B) Confidentiality refers to the ethical principle of protecting the privacy of a patient's health information. Confidentiality is the basis of open and inclusive communication patterns necessary to foster a successful doctor-patient relationship.

(Choice D) Veracity refers to the ethical need to communicate truthfully with patients.

Educational objective:
Informed consent is comprised of 4 major elements: disclosure, understanding, voluntariness, and authorization. For informed consent to be truly voluntary, it must be free from coercion or manipulation.

References

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A 25-year-old woman comes to the office to follow up type 1 diabetes mellitus. She takes long- and short-acting insulin with good glycemic control and has no diabetes-related complications. She also has a history of hypothyroidism for which she takes levothyroxine. The patient has been covered under her parent's medical insurance for the last several years, but she recently started working full time for a company that provides a broad variety of employee insurance choices. She requests advice in choosing a health insurance plan. The patient has no disability and says that her main priority is low monthly payments. Which of the following insurance options would be most appropriate for this patient?

A. Health maintenance organization
B. Medicaid
C. Medicare
D. Point-of-service plan
E. Preferred provider organization

Submit

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A 25-year-old woman comes to the office to follow up type 1 diabetes mellitus. She takes long- and short-acting insulin with good glycemic control and has no diabetes-related complications. She also has a history of hypothyroidism for which she takes levothyroxine. The patient has been covered under her parent's medical insurance for the last several years, but she recently started working full time for a company that provides a broad variety of employee insurance choices. She requests advice in choosing a health insurance plan. The patient has no disability and says that her main priority is low monthly payments. Which of the following insurance options would be most appropriate for this patient?

- A. Health maintenance organization (54%)
- B. ~~Medicaid~~ (7%)
- C. ~~Medicare~~ (5%)
- D. Point-of-service plan (19%)
- E. Preferred provider organization (13%)

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Types of health insurance plans			
	PPO	**HMO**	**POS**
Monthly premiums	$$$	$	$$
Copayments & deductibles	$$	$	Variable
PCP referral required for specialist visits?	No	Yes	Yes
Size of "in-network" provider panel	Large	Limited	Limited
May go outside provider network?	Yes	No	Yes[1]

HMO = health maintenance organization; **PCP** = primary care provider; **POS** = point of service; **PPO** = preferred provider organization.

[1]Requires additional out-of-pocket cost.

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To keep expenditures below the total income from premiums, health insurance plans must limit total

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To keep expenditures below the total income from premiums, health insurance plans must limit total expenses (utilization) by enrolled patients. The 2 main strategies include increasing the patient's **share of cost** for the services they receive (eg, copayments, deductibles) and limiting the **range of services** patients may receive. A **health maintenance organization** (HMO) insurance plan has low monthly premiums, low copayments and deductibles, and low total cost for the patient. HMOs reduce utilization by confining patients to a limited panel of providers, requiring referrals from a primary care provider prior to specialist consultations, and denying payment for services that do not meet established evidence-based guidelines.

This patient's chronic conditions require daily medications, regular physician visits, and serial laboratory testing. In addition, diabetes can increase the risk of additional complications, increase utilization, and require specialty consultation. As a result, an HMO plan may provide this patient with the lowest monthly cost as long as she is willing to see only providers within the limited panel approved by the plan.

(Choice B) Medicaid is a joint federal and state program to cover low-income patients. This patient is unlikely to qualify for Medicaid due to her full-time employment and employer-sponsored health insurance.

(Choice C) Medicare is a federal health insurance program for patients who are age ≥65, disabled, or have end-stage renal disease.

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(Choice C) Medicare is a federal health insurance program for patients who are age ≥65, disabled, or have end-stage renal disease.

(Choice D) Point-of-service (POS) plans are similar to HMOs in that they require patients to have a primary care provider and obtain referrals for specialty consultations. However, unlike an HMO, patients may also see out-of-network providers. POS plans typically have higher premiums than HMOs and significant costs if patients choose to see out-of-network specialists.

(Choice E) Preferred provider organization (PPO) plans usually offer the most flexible choices for both in-network and out-of-network providers. However, PPOs typically have higher premiums and deductibles than HMO plans.

Educational objective:
A health maintenance organization (HMO) is an insurance plan with low monthly premiums, low copayments and deductibles, and low total cost for the patient. HMOs reduce utilization by confining patients to a limited panel of providers, requiring referral from a primary care provider prior to specialist consultations, and denying payment for services that do not meet established guidelines.

Behavioral science | Social Sciences (Ethics/Legal/Professional) | Health insurance

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While having dinner at a restaurant with a colleague, a physician notices one of his patients sitting at a neighboring table with her husband. When exiting the restaurant, the patient approaches the table and exchanges some brief pleasantries with the physician's colleague. She then nods briefly in the physician's direction but says nothing to him. The physician acknowledges the gesture with a smile. Afterward, the physician's colleague asks, "Is she your patient? She's a family friend who was recently diagnosed with breast cancer. I have been worried about her and wonder how she's doing." Which of the following is the most appropriate response by the physician to his colleague?

A. No, she is not my patient.

B. She is my patient, but unfortunately I am unable to discuss her treatment due to patient confidentiality.

C. Sorry, I cannot say whether or not she is my patient.

D. Yes, and it would be helpful to hear any feedback she may give you about my care.

E. Yes, she is doing much better, but I trust you will keep that information confidential.

F. Yes, she's doing better medically; do you know how she is doing emotionally?

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neighboring table with her husband. When exiting the restaurant, the patient approaches the table and exchanges some brief pleasantries with the physician's colleague. She then nods briefly in the physician's direction but says nothing to him. The physician acknowledges the gesture with a smile. Afterward, the physician's colleague asks, "Is she your patient? She's a family friend who was recently diagnosed with breast cancer. I have been worried about her and wonder how she's doing." Which of the following is the most appropriate response by the physician to his colleague?

A. No, she is not my patient. (2%)

B. She is my patient, but unfortunately I am unable to discuss her treatment due to patient confidentiality. (38%)

C. Sorry, I cannot say whether or not she is my patient. (57%)

D. Yes, and it would be helpful to hear any feedback she may give you about my care. (0%)

E. Yes, she is doing much better, but I trust you will keep that information confidential. (0%)

F. Yes, she's doing better medically; do you know how she is doing emotionally? (0%)

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Physicians are ethically obligated to **protect patient confidentiality** in all situations, including **non-medical settings** and in **interactions with physician colleagues** who are not serving as health care providers for the patient. The most appropriate response in this situation is for the physician to not divulge any information regarding the patient's condition or treatment, including whether she is his patient, as the physician's colleague is not part of the treatment team and the patient has not consented to sharing personal health information with this individual. The physician should neither lie to protect patient confidentiality **(Choice A)** nor confirm or deny whether she is, in fact, a patient.

(Choices B, D, E, and F) All these statements violate patient confidentiality.

Educational objective:
It is unethical to discuss any information regarding a patient's diagnosis and treatment with another individual, including a physician who is not involved in the patient's care. Likewise, the physician should neither confirm nor deny whether the person of interest is, in fact, a patient.

References

- Confidentiality breaches in clinical practice: what happens in hospitals?
- Ethics and patient privacy.

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www.ncbi.nlm.nih.gov/pubmed/19019793

A 28-year-old woman comes to the gynecologist, who has provided routine care for the past 10 years. She has not menstruated for 2 months and had a positive home pregnancy test last week. Although she hopes to have children in the future, she has been under "a lot of stress lately" and caring for a child is "the last thing I need right now." A qualitative β-hCG pregnancy test confirms she is pregnant and the patient requests that the gynecologist terminate the pregnancy as soon as possible. The gynecologist prefers not to perform abortions on moral grounds but does have training in the procedure. Which of the following is the most appropriate course of action by the gynecologist?

A. Agree to perform the abortion as the procedure is within the physician's scope of practice and training

B. Encourage the patient to reconsider as she wants to have children someday and future fertility is not guaranteed

C. Encourage the patient to take additional time to consider her options

D. Explain that, on moral grounds, the physician is unable to either perform or refer the patient for the procedure

E. Provide the patient with resources for providers who will perform abortions

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www.ncbi.nlm.nih.gov/pubmed/19019793

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B. Encourage the patient to reconsider as she wants to have children someday and future fertility is not guaranteed

C. Encourage the patient to take additional time to consider her options

D. Explain that, on moral grounds, the physician is unable to either perform or refer the patient for the procedure

E. Provide the patient with resources for providers who will perform abortions

F. Recommend psychological counseling to help the patient cope with stress and sort through her feelings about abortion

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www.ncbi.nlm.nih.gov/pubmed/19019793

to perform abortions on moral grounds but does have training in the procedure. Which of the following is the most appropriate course of action by the gynecologist?

A. Agree to perform the abortion as the procedure is within the physician's scope of practice and training (7%)

B. Encourage the patient to reconsider as she wants to have children someday and future fertility is not guaranteed (2%)

C. Encourage the patient to take additional time to consider her options (6%)

D. Explain that, on moral grounds, the physician is unable to either perform or refer the patient for the procedure (5%)

E. Provide the patient with resources for providers who will perform abortions (74%)

F. Recommend psychological counseling to help the patient cope with stress and sort through her feelings about abortion (3%)

Correct

74%

57 secs

02/02/2021

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www.ncbi.nlm.nih.gov/pubmed/19019793

Request for an abortion is a situation in which a physician may face a moral conflict. Physicians are **not required to provide medical services** that are **against** their **personal beliefs (Choice A)**. However, once a patient-physician relationship is established, the **physician** is **obligated to refer** the patient to another provider who can perform the requested medical service. As with any procedure or treatment, the physician should have a **neutral discussion** regarding the procedure and alternatives. The physician should be nonjudgmental, refrain from imposing moral values, and convey **respect** for the **patient's autonomy**. If the patient decides to have the procedure after neutral education, she should be provided with resources that will assist her in obtaining the desired service.

(Choice B) Encouraging the patient to reconsider her decision is inappropriate as it imposes the physician's own judgment and values.

(Choice C) Encouraging the patient to take additional time to make a decision is not advisable as this could place her past the first trimester.

(Choice D) The physician is not required to perform the procedure personally but is obligated to provide resources to help the patient find another provider who will perform it in a timely manner.

(Choice F) Recommending psychological counseling would be appropriate if the patient felt conflicted about her decision.

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www.ncbi.nlm.nih.gov/pubmed/19019793

(Choice B) Encouraging the patient to reconsider her decision is inappropriate as it imposes the physician's own judgment and values.

(Choice C) Encouraging the patient to take additional time to make a decision is not advisable as this could place her past the first trimester.

(Choice D) The physician is not required to perform the procedure personally but is obligated to provide resources to help the patient find another provider who will perform it in a timely manner.

(Choice F) Recommending psychological counseling would be appropriate if the patient felt conflicted about her decision.

Educational objective:
Physicians are not required to provide medical services that are against their personal beliefs. In such cases, the physician should provide referral to providers who will perform the requested procedure.

References

- Conscientious objection to the provision of legal abortion care.

Behavioral science | Social Sciences (Ethics/Legal/Professional) | Abortion

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www.ncbi.nlm.nih.gov/pubmed/19019793

A 34-year-old man comes to the office with a 5-day history of nasal congestion and cough. He says that he occasionally coughs up thick, yellow sputum and is worried about the lack of improvement. The patient mentions that he has received antibiotics for similar symptoms in the past and says, "Antibiotics always seem to help me feel better fast." Temperature is 37.2 C (99 F), blood pressure is 120/70 mm Hg, pulse is 76/min, and respirations are 18/min. Physical examination shows pharyngeal erythema; the remainder of the examination, including cardiopulmonary evaluation, is normal. Which of the following responses by the physician is most appropriate?

A. "Although you've experienced improvement with antibiotics in the past, your symptoms will likely improve with over-the-counter treatment."

B. "Antibiotics can be helpful for certain infections, but I'm concerned you may have been prescribed antibiotics inappropriately in the past."

C. "Feeling sick is unpleasant; let's talk about why antibiotics are not recommended and what treatments can help you feel better."

D. "I understand why you want me to prescribe antibiotics, but this would only lead to antibiotic resistance."

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A. "Although you've experienced improvement with antibiotics in the past, your symptoms will likely improve with over-the-counter treatment."

B. "Antibiotics can be helpful for certain infections, but I'm concerned you may have been prescribed antibiotics inappropriately in the past."

C. "Feeling sick is unpleasant; let's talk about why antibiotics are not recommended and what treatments can help you feel better."

D. "I understand why you want me to prescribe antibiotics, but this would only lead to antibiotic resistance."

E. "Many patients think antibiotics can help treat colds; unfortunately, there are no quick fixes for viral infections."

Submit

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www.ncbi.nlm.nih.gov/pubmed/19019793

76/min, and respirations are 18/min. Physical examination shows pharyngeal erythema; the remainder of the examination, including cardiopulmonary evaluation, is normal. Which of the following responses by the physician is most appropriate?

A. "Although you've experienced improvement with antibiotics in the past, your symptoms will likely improve with over-the-counter treatment." (5%)

B. ~~"Antibiotics can be helpful for certain infections, but I'm concerned you may have been prescribed antibiotics inappropriately in the past."~~ (2%)

C. "Feeling sick is unpleasant; let's talk about why antibiotics are not recommended and what treatments can help you feel better." (87%)

D. ~~"I understand why you want me to prescribe antibiotics, but this would only lead to antibiotic resistance."~~ (2%)

E. "Many patients think antibiotics can help treat colds; unfortunately, there are no quick fixes for viral infections." (2%)

Correct

87%

01 min, 49 secs

12/22/2020

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www.ncbi.nlm.nih.gov/pubmed/19019793

This afebrile patient with a normal lung examination most likely has a **viral upper respiratory infection**. The physician is faced with the common clinical issue of responding to a **request for an unnecessary antibiotic** prescription. Although many patients receive antibiotics for upper respiratory infections, antibiotic use in uncomplicated upper respiratory infections is associated with increased **risk of adverse effects**, no improvement compared to placebo, and a rise in **antibiotic resistance**.

The most appropriate response is a **patient-centered approach** that **validates** the patient's concerns, **educates** the patient about the adverse effects of antibiotics and their lack of efficacy in treating viral infections, and **provides options** to treat the patient symptomatically. This must be done in an empathic and nonjudgmental fashion that helps build, not undermine, the physician-patient relationship. The physician should refrain from prescribing antibiotics and advise the patient to return if symptoms persist or worsen.

(Choice A) This statement does not explain why antibiotics are not an appropriate treatment at this time and may be interpreted as dismissive given the patient's specific request.

(Choice B) Although this may be true, it is not constructive to criticize previous treatment providers.

(Choice D) Although it is appropriate to explain that unnecessary antibiotic use can contribute to general antibiotic resistance, this response is not patient-centered because it dismisses the patient's concerns and

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www.ncbi.nlm.nih.gov/pubmed/19019793

(Choice A) This statement does not explain why antibiotics are not an appropriate treatment at this time and may be interpreted as dismissive given the patient's specific request.

(Choice B) Although this may be true, it is not constructive to criticize previous treatment providers.

(Choice D) Although it is appropriate to explain that unnecessary antibiotic use can contribute to general antibiotic resistance, this response is not patient centered because it dismisses the patient's concerns and does not explain why antibiotics are inappropriate for his specific symptoms.

(Choice E) This statement fails to explain why antibiotics are inappropriate and does not offer any treatment options. It may be perceived as invalidating or judgmental and have a detrimental effect on the physician-patient relationship.

Educational objective:

Empiric antibiotic therapy for patients with uncomplicated upper respiratory infections is contraindicated. Responding to requests for inappropriate antibiotics involves a patient-centered approach that validates the patient's concerns, educates the patient about the adverse effects of antibiotics and their lack of efficacy in treating viral infections, and provides options to treat the patient symptomatically.

References

- Patient-centered communication: basic skills.

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www.ncbi.nlm.nih.gov/pubmed/19019793

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 • 18 • 19 • 20 • 21 • 22 • 23 • 24 • 25 • 26

A 38-year-old woman is admitted to the hospital overnight due to cellulitis. The next morning, the hospitalist on service introduces herself to the patient and asks how she is feeling. The patient angrily says, "It's almost lunchtime, and I still haven't gotten my breakfast. How am I supposed to get better when you're starving me?" The patient has an order to receive a regular diet. Which of the following is the most appropriate response by the physician?

A. "Hunger can make anyone upset, so I'll come back after you've eaten."

B. "I apologize for the delay, but I'm sure your food will be here shortly."

C. "I'm sorry for the delay, but I don't control when meals are served, so please let your nurse know."

D. "Since I am here, let me examine you first and follow up on your breakfast afterward."

E. "You must be very hungry, so let me find out what happened to your meal."

Submit

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www.ncbi.nlm.nih.gov/pubmed/19019793

A 38-year-old woman is admitted to the hospital overnight due to cellulitis. The next morning, the hospitalist on service introduces herself to the patient and asks how she is feeling. The patient angrily says, "It's almost lunchtime, and I still haven't gotten my breakfast. How am I supposed to get better when you're starving me?" The patient has an order to receive a regular diet. Which of the following is the most appropriate response by the physician?

A. "Hunger can make anyone upset, so I'll come back after you've eaten." (0%)

B. "I apologize for the delay, but I'm sure your food will be here shortly." (13%)

C. "I'm sorry for the delay, but I don't control when meals are served, so please let your nurse know." (1%)

D. "Since I am here, let me examine you first and follow up on your breakfast afterward." (7%)

✓ E. "You must be very hungry, so let me find out what happened to your meal." (77%)

Correct

77%
Answered correctly

01 min, 16 secs
Time Spent

09/09/2020
Last Updated

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www.ncbi.nlm.nih.gov/pubmed/19019793

In this scenario, the physician has an **initial encounter** with an **angry patient** who is upset about an aspect of her care that is not under the physician's direct control. Nevertheless, it is the physician's responsibility to be **responsive** to the **patient's immediate concerns**, attempt to defuse her anger, and build the physician-patient relationship. The physician should acknowledge the cause of the patient's distress (ie, hunger), remain nondefensive, and offer to obtain further information that could **help resolve the issue** (eg, confirming correct diet was ordered; checking with the nursing staff).

The physician should maintain a professional demeanor and avoid responding to the patient's anger with comments that may be interpreted as dismissive, defensive, or sarcastic. Being responsive to the patient's immediate concerns is more likely to build rapport, help the patient feel understood and lay a positive foundation for the physician patient relationship.

(Choice A) This statement acknowledges the patient's distress but makes no attempt to respond to her concern.

(Choice B) This statement offers an apology but inappropriately reassures the patient that the problem has been resolved when this is unknown.

(Choice C) This statement may be interpreted as defensive because it focuses on explaining that the problem is not the physician's responsibility. Quickly addressing the patient's needs is more likely to defuse

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www.ncbi.nlm.nih.gov/pubmed/19019793

(Choice A) This statement acknowledges the patient's distress but makes no attempt to respond to her concern.

(Choice B) This statement offers an apology but inappropriately reassures the patient that the problem has been resolved when this is unknown.

(Choice C) This statement may be interpreted as defensive because it focuses on explaining that the problem is not the physician's responsibility. Quickly addressing the patient's needs is more likely to defuse the situation and build the physician-patient relationship.

(Choice D) Deferring resolution of the issue until after the examination is unlikely to defuse the patient's immediate anger and could, in turn, negatively affect her cooperation with the examination.

Educational objective:
Initial encounters with angry patients are best managed by acknowledging their distress and responding to their immediate concerns.

References

- Defusing the angry patient: 25 tips.
- Managing difficult encounters: understanding physician, patient, and situational factors.

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www.ncbi.nlm.nih.gov/pubmed/21243886

A 45-year-old woman with type 2 diabetes mellitus, obesity, and hypertension comes to the office for a routine follow-up visit. Her medications include a sulfonylurea and ACE inhibitor. The patient has lost 2.3 kg (5 lb) and credits a new energy and weight loss supplement. She purchased the supplement over the Internet on the recommendation of a friend and believes that it contains caffeine and several herbs that promote weight loss. The patient has had no problems tolerating the supplement. Blood pressure is 140/90 mm Hg and pulse is 88/min. Which of the following is the most appropriate response by the physician?

A. Advise the patient to avoid the supplement and engage in other forms of weight loss

B. Advise the patient to limit the use of other caffeine-containing products

C. Explain that weight loss due to dietary supplements is unlikely to be sustainable

D. Offer to review the ingredients with the patient and discuss the potential risks of supplements

E. Respect the patient's decision and follow her closely

Submit

https://t.me/USMLEWorldStep1

www.ncbi.nlm.nih.gov/pubmed/21243886

A 45-year-old woman with type 2 diabetes mellitus, obesity, and hypertension comes to the office for a routine follow-up visit. Her medications include a sulfonylurea and ACE inhibitor. The patient has lost 2.3 kg (5 lb) and credits a new energy and weight loss supplement. She purchased the supplement over the Internet on the recommendation of a friend and believes that it contains caffeine and several herbs that promote weight loss. The patient has had no problems tolerating the supplement. Blood pressure is 140/90 mm Hg and pulse is 88/min. Which of the following is the most appropriate response by the physician?

A. Advise the patient to avoid the supplement and engage in other forms of weight loss (2%)

B. Advise the patient to limit the use of other caffeine-containing products (2%)

C. Explain that weight loss due to dietary supplements is unlikely to be sustainable (1%)

D. Offer to review the ingredients with the patient and discuss the potential risks of supplements (84%)

E. Respect the patient's decision and follow her closely (9%)

https://t.me/USMLEWorldStep1

www.ncbi.nlm.nih.gov/pubmed/21243886

Patients commonly use **herbal** preparations and **dietary supplements**. Although the US Food and Drug Administration (FDA) regulates dietary supplements, the regulations are less strict than those for prescription and over-the-counter medications. Some herbal products have established safety and/or efficacy, but there are **few quality assurances** regarding the content and purity of many herbal supplements, and unknown toxic ingredients may cause **adverse effects** and dangerous **drug interactions**. For example, the herbal supplement ephedra, marketed as a diet pill and energy booster, was banned by the FDA in 2004 due to the risk of cardiovascular complications (eg, increased blood pressure, myocardial infarction, stroke). However, ephedra-containing products are still readily available through the Internet.

It is important for physicians to **routinely inquire** about the use of these products, both to understand why patients are using them and to evaluate the risks and benefits of continued use. This patient should be supported in her weight-loss efforts and her use of supplements should not be immediately dismissed. The physician should instead **assess the ingredients** for contraindications or drug interactions and then provide **counsel regarding the potential risks**, especially given her medical history.

(Choice A) Although the physician should work with the patient to develop a comprehensive weight-loss plan, including behavioral approaches to weight loss, this response is dismissive and does not take into account the use of supplements, which this patient is likely to continue taking.

https://t.me/USMLEWorldStep1

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www.ncbi.nlm.nih.gov/pubmed/21243886

(Choice A) Although the physician should work with the patient to develop a comprehensive weight-loss plan, including behavioral approaches to weight loss, this response is dismissive and does not take into account the use of supplements, which this patient is likely to continue taking.

(Choices B and E) Supporting the patient's continued use of the supplement or merely cautioning her to avoid additional caffeine, without assessing the supplement for dangerous ingredients such as ephedra, does not adequately address safety concerns.

(Choice C) The patient may interpret this response as discouraging her efforts to lose weight, negatively impacting rapport with the physician. In addition, it does not address the risks or benefits of the supplement itself.

Educational objective:
Physicians should routinely ask their patients about the use of herbal preparations and nutritional supplements and advise them on the quality, safety, and efficacy of these products.

References

- Reduction in ephedra poisonings after FDA ban.
- Overview of regulation of dietary supplements in the USA and issues of adulteration with phenethylamines (PEAs).

https://t.me/USMLEWorldStep1

www.ncbi.nlm.nih.gov/pubmed/27259162

A 73-year-old woman with congestive heart failure is being prepared for discharge from the hospital. The patient has heart failure with reduced ejection fraction and has been admitted to the hospital twice in the past 60 days. Medical history is notable for ischemic heart disease, chronic obstructive pulmonary disease, and hypertension. Vital signs are normal. Pulmonary examination shows normal respiratory effort and no crackles, and there is no peripheral edema. The patient asks to stay in the hospital for a few additional days and says, "I feel fine right now, but I am worried that if I go home, I might end up back in the hospital again." Which of the following is the most appropriate response to this patient's request?

A. "Managing heart failure at home can be difficult. What family members are nearby who can help?"

B. "Since you are worried about going home, would you like to go to a nursing home until you feel more confident?"

C. "Some people with heart failure have problems due to too much salt intake. Can you tell me about your diet?"

D. "What do you think are some reasons why your heart failure might be worse at home?"

E. "Your condition has now stabilized. What benefit are you hoping to gain from a continued stay?"

https://t.me/USMLEWorldStep1

www.ncbi.nlm.nih.gov/pubmed/27259162

patient has heart failure with reduced ejection fraction and has been admitted to the hospital twice in the past 60 days. Medical history is notable for ischemic heart disease, chronic obstructive pulmonary disease, and hypertension. Vital signs are normal. Pulmonary examination shows normal respiratory effort and no crackles, and there is no peripheral edema. The patient asks to stay in the hospital for a few additional days and says, "I feel fine right now, but I am worried that if I go home, I might end up back in the hospital again." Which of the following is the most appropriate response to this patient's request?

A. "Managing heart failure at home can be difficult. What family members are nearby who can help?" (10%)

B. "Since you are worried about going home, would you like to go to a nursing home until you feel more confident?" (2%)

C. ~~"Some people with heart failure have problems due to too much salt intake. Can you tell me about your diet?"~~ (0%)

✓ D. "What do you think are some reasons why your heart failure might be worse at home?" (83%)

E. ~~"Your condition has now stabilized. What benefit are you hoping to gain from a continued stay?"~~ (2%)

https://t.me/USMLEWorldStep1
www.ncbi.nlm.nih.gov/pubmed/27259162

Reducing hospital readmission	
Patient education	• Medication review: current list, purpose • Factors leading to relapse • Home care & contingency measures
Coordination of care	• Prompt/electronic delivery of discharge information to outpatient provider • Multidisciplinary team review (eg, nursing, pharmacy, physician) • Clear delegation of responsibilities (eg, prescription refills)
Patient communication & follow-up	• Phone calls • Home health visits • Telemonitoring

Congestive heart failure carries a high rate of **hospital readmission**. The potential reasons for readmission are numerous and variable and can include premature discharge, inadequate outpatient follow-up, inadequate social support, dietary indiscretion, and medication errors (eg, missed or duplicate prescriptions). In addition, patients may not thoroughly understand how to take their medications, what each medication is for, or what to do if their symptoms begin to relapse.

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www.ncbi.nlm.nih.gov/pubmed/27259162

each medication is for, or what to do if their symptoms begin to relapse.

Predischarge counseling typically begins with exploring patients' **level of understanding** and **health literacy** (ie, ability to process basic health information and make appropriate health decisions). Patients should have an opportunity to express their **questions and concerns** about **factors at home** that may lead to readmission. If possible, education should be provided by a **multidisciplinary team** (eg, pharmacist, physical therapist) that can address specific aspects of care. In addition, follow-up phone calls and telemonitoring (eg, blood pressure checks) after discharge may be helpful.

(Choice A) Friends and family members can often help patients by assisting with activities of daily living, reinforcing treatment plans, and alerting outpatient providers to early signs of clinical decompensation. However, it would be premature to enlist others to help before understanding the reasons for readmission.

(Choice B) Nursing home (ie, skilled care facility) transfer is appropriate for patients who require technically advanced interventions (eg, dressing changes, intravenous antibiotics) that cannot be provided at home. Postacute care for heart failure typically involves oral medications that do not require skilled services.

(Choice C) Improper diet (eg, unrestricted sodium intake) is a common reason for heart failure readmission. However, the clinician should first assess the patient's current level of understanding, and the

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www.ncbi.nlm.nih.gov/pubmed/27259162

(Choice C) Improper diet (eg, unrestricted sodium intake) is a common reason for heart failure readmission. However, the clinician should first assess the patient's current level of understanding, and the patient should be allowed to explain the reasons she thinks contribute to readmission.

(Choice E) This patient has been clinically stabilized and is unlikely to benefit from continued stay. Predischarge counseling should focus on factors at home that could lead to readmission rather than on reasons to stay in the hospital.

Educational objective:

Predischarge counseling should begin with exploring patients' level of understanding and health literacy. Patients should have an opportunity to ask questions and express their concerns about factors at home that could lead to readmission. If possible, education should be provided by a multidisciplinary care team, and the plan for home care and follow-up should be clear.

References

- Conversations, communication and counseling are key family medicine tactics to improve patient health.

Behavioral science | Social Sciences (Ethics/Legal/Professional) | Physician patient communication

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www.ncbi.nlm.nih.gov/pubmed/27259162

A 36-year-old woman with well-controlled asthma and hypothyroidism comes to the office to review recent thyroid function tests with her primary care physician. She has been his patient for the past 8 years. During the visit, she mentions that she is recently divorced and has had difficulty meeting "smart and interesting" men. The patient, noticing the physician is not wearing a wedding ring, asks if he is single. The physician responds, "Yes, why do you ask?" The patient replies that she was wondering whether he would consider going out for dinner now that they are both single. The physician has always found the patient attractive and would like to accept the invitation. Which of the following is the most appropriate response to the patient's request?

A. Accept the invitation as it was the patient, not the physician, who initiated it

B. Accept the invitation as the romantic interest is mutual

C. Accept the invitation but suggest that the patient change providers if she is uncomfortable continuing under his care

D. Decline the invitation, explaining that going on a date with her would be unethical

E. Decline the invitation, explaining that it is inappropriate for the patient to ask for a date

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interesting "men." The patient, noticing the physician is not wearing a wedding ring, asks if he is single. The physician responds, "Yes, why do you ask?" The patient replies that she was wondering whether he would consider going out for dinner now that they are both single. The physician has always found the patient attractive and would like to accept the invitation. Which of the following is the most appropriate response to the patient's request?

A. Accept the invitation as it was the patient, not the physician, who initiated it

B. Accept the invitation as the romantic interest is mutual

C. Accept the invitation but suggest that the patient change providers if she is uncomfortable continuing under his care

D. Decline the invitation, explaining that going on a date with her would be unethical

E. Decline the invitation, explaining that it is inappropriate for the patient to ask for a date

F. Decline the invitation, explaining that the physician-patient relationship must be terminated before going on a date

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interesting "men." The patient, noticing the physician is not wearing a wedding ring, asks if he is single. The physician responds, "Yes, why do you ask?" The patient replies that she was wondering whether he would consider going out for dinner now that they are both single. The physician has always found the patient attractive and would like to accept the invitation. Which of the following is the most appropriate response to the patient's request?

A. Accept the invitation as it was the patient, not the physician, who initiated it (0%)

B. Accept the invitation as the romantic interest is mutual (0%)

C. Accept the invitation but suggest that the patient change providers if she is uncomfortable continuing under his care (0%)

✓ D. Decline the invitation, explaining that going on a date with her would be unethical (64%)

E. Decline the invitation, explaining that it is inappropriate for the patient to ask for a date (1%)

F. Decline the invitation, explaining that the physician-patient relationship must be terminated before going on a date (32%)

64% 58 secs 01/25/2021

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A romantic or sexual **relationship** between a physician and a **current patient** (as in this scenario) is always considered **unethical** due to potential exploitation and/or interference with the physician's objective clinical judgment. Such a relationship may be ethically acceptable provided the physician-patient relationship is terminated well before initiating a personal relationship. However, it would also be inappropriate to suggest termination of the physician-patient relationship solely for the purposes of dating, as physician-patient continuity is associated with better patient outcomes; furthermore, the patient should not be forced to choose between having the physician be a treatment provider or a romantic partner **(Choices C and F)**.

Of note, relationships between physicians and current or prior psychiatric patients are always unethical due to the nature of evaluation and treatment, which include discussion of sensitive information and recognition of psychological vulnerabilities.

(Choices A and B) Romantic and sexual relationships with current patients are unacceptable regardless of who initiates them or whether there is mutual interest.

(Choice E) This statement is unnecessarily critical and may make the patient feel embarrassed or ashamed.

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to the nature of evaluation and treatment, which include discussion of sensitive information and recognition of psychological vulnerabilities.

(Choices A and B) Romantic and sexual relationships with current patients are unacceptable regardless of who initiates them or whether there is mutual interest.

(Choice E) This statement is unnecessarily critical and may make the patient feel embarrassed or ashamed.

Educational objective:

Romantic and sexual relationships with current patients as well as former psychiatric patients are always unethical. Relationships with former non-psychiatric patients may be acceptable provided the physician-patient relationship is terminated well beforehand.

References

- Boundaries in the doctor-patient relationship.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Professional conduct
Subject	System	Topic

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A 46-year-old man is hospitalized with diabetic ketoacidosis. He is administered intravenous fluids and an insulin drip, and laboratory testing is ordered. In the morning, the on-call physician hands off the patient to the day shift physician, who arrives an hour late due to an emergency at his nighttime moonlighting job. The handoff information includes the status of the patient and instructions to check electrolytes and calculate his anion gap. The physician performs inpatient rounds and then sees his usual clinic outpatients in the afternoon, but he neglects to check the patient's anion gap. The patient subsequently develops worsening acidosis requiring intubation for respiratory distress. Which of the following is the most likely cause of this adverse outcome?

A. Deficiency of knowledge
B. Excessive patient caseload
C. Inadequate patient handoff
D. Judgment error
E. Physician burnout
F. Physician fatigue

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insulin drip, and laboratory testing is ordered. In the morning, the on-call physician hands off the patient to the day shift physician, who arrives an hour late due to an emergency at his nighttime moonlighting job. The handoff information includes the status of the patient and instructions to check electrolytes and calculate his anion gap. The physician performs inpatient rounds and then sees his usual clinic outpatients in the afternoon, but he neglects to check the patient's anion gap. The patient subsequently develops worsening acidosis requiring intubation for respiratory distress. Which of the following is the most likely cause of this adverse outcome?

A. Deficiency of knowledge (1%)
B. Excessive patient caseload (7%)
C. Inadequate patient handoff (15%)
D. Judgment error (7%)
E. Physician burnout (11%)
F. Physician fatigue (57%)

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Sleep deprivation is common among physicians and can have a profound effect on patient safety. Sleep science has demonstrated "dose-dependent" effects of sleep deprivation on physician cognitive performance and risk of medical errors. Impairments in cognitive performance and motor skills typically manifest after 17 hours of wakefulness and are comparable to those seen in an alcohol-intoxicated individual. Although the Accreditation Council for Graduate Medical Education has mandated limitations on resident work hours in response to patient safety concerns, extended work hours of attending physicians are unregulated. Physicians typically do a poor job of self-regulating their workload, often underestimate their cumulative sleep debt, and minimize its impact on their clinical skills. In this scenario, the physician has been working continuously for more than 24 hours; fatigue is the most likely contributor to his forgetting to check the patient's anion gap, which resulted in the adverse outcome.

(Choices A, B, and D) There is no evidence that the physician lacks knowledge, had an excessive patient caseload, or committed an error in judgment.

(Choice C) Inadequate patient handoffs carry a high risk of medical errors. Optimal patient handoffs should include a checklist of tasks and clinical status for each patient, as occurred in this case.

(Choice E) Physician burnout refers to a state of emotional exhaustion, cynicism, depersonalization, and

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caseload, or committed an error in judgment.

(Choice C) Inadequate patient handoffs carry a high risk of medical errors. Optimal patient handoffs should include a checklist of tasks and clinical status for each patient, as occurred in this case.

(Choice E) Physician burnout refers to a state of emotional exhaustion, cynicism, depersonalization, and decreased sense of personal accomplishment that can result in suboptimal patient care and medical errors. Although sleep deprivation may contribute to burnout, there is no evidence that this physician's error was secondary to burnout, which often involves errors resulting from lack of concern or callousness toward patients rather than forgetfulness.

Educational objective:

Sleep deprivation in physicians often causes cognitive impairment, resulting in medical errors. Although mandated resident work-hour limitations are in place, it is the responsibility of all physicians to self-regulate their workloads to promote patient safety.

References

- Sleep deprivation in resident physicians, work hour limitations, and related outcomes: a systematic review of the literature.
- Sleep science, schedules, and safety in hospitals: challenges and solutions for pediatric providers

https://t.me/USMLEWorldStep1

www.ncbi.nlm.nih.gov/pubmed/23116528

A 29-year-old woman comes to the office for evaluation of vaginal discharge and pruritus for the past week. The discharge is thick and yellow with no associated odor. The patient is sexually active with multiple partners. When asked about the genders of her sexual partners, the patient says, "Why does it matter? I'm pretty sure this is a yeast infection, so I just need some medication." Which of the following is the most appropriate response at this time?

A. "I can see you're uncomfortable talking about this. We can discuss it at a follow-up appointment when you're ready."

B. "I routinely ask my patients about sexual partners because it helps me fully understand what their health needs are."

C. "It may be difficult to offer the most appropriate screening and treatment unless you are open about your sexual partners."

D. "This can be an uncomfortable topic for patients; tell me why you don't feel comfortable talking about your sexual partners."

E. "This is likely a yeast infection, but I need you to tell me about your sexual relationships to be sure it isn't something more serious."

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www.ncbi.nlm.nih.gov/pubmed/23116528

week. The discharge is thick and yellow with no associated odor. The patient is sexually active with multiple partners. When asked about the genders of her sexual partners, the patient says, "Why does it matter? I'm pretty sure this is a yeast infection, so I just need some medication." Which of the following is the most appropriate response at this time?

A. "I can see you're uncomfortable talking about this. We can discuss it at a follow-up appointment when you're ready." (2%)

✓ B. "I routinely ask my patients about sexual partners because it helps me fully understand what their health needs are." (55%)

C. "It may be difficult to offer the most appropriate screening and treatment unless you are open about your sexual partners." (4%)

D. "This can be an uncomfortable topic for patients; tell me why you don't feel comfortable talking about your sexual partners." (31%)

E. ~~"This is likely a yeast infection, but I need you to tell me about your sexual relationships to be sure it isn't something more serious."~~ (6%)

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Sexual history is an essential part of a patient's medical history but is a topic that may be uncomfortable for both patients and physicians. The best approach is to try to put the patient at ease by **normalizing the sexual history** as a **routine component** of the medical history. The physician's demeanor should convey that the sexual history is routinely obtained and necessary to provide good health care, similar to other key parts of the physician-patient interaction (eg, obtaining substance use history, physical examination) that might be experienced as intrusive in other contexts. By inquiring about sexual history in the same clinical and empathetic manner used for other aspects of a history and physical, physicians can place a patient at ease and create a trusting space in which a patient can talk about potentially uncomfortable and intimate topics.

(Choice A) It is inappropriate to defer this critical aspect of the history to a later date based on an unverified assumption of patient discomfort. The patient's responses may indicate the need for additional STD testing, which should not be deferred.

(Choice C) This statement has a judgmental tone and implies that the patient's lack of openness might negatively impact her treatment. It is unlikely to facilitate open communication.

(Choice D) Although it may be appropriate to explore a patient's discomfort with a particular topic, this

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STD testing, which should not be deferred.

(Choice C) This statement has a judgmental tone and implies that the patient's lack of openness might negatively impact her treatment. It is unlikely to facilitate open communication.

(Choice D) Although it may be appropriate to explore a patient's discomfort with a particular topic, this question is premature because it relies on the unverified assumption that the patient is uncomfortable with the topic, which may make her defensive. Normalizing sexual history and explaining why it is important is more likely to be productive.

(Choice E) It would be inappropriate to offer a diagnosis before completing a full evaluation and workup.

Educational objective:
Sexual history is an essential part of gathering a complete medical history. This topic may be uncomfortable for both patient and physician, so it is important to normalize it as a routine part of a medical evaluation.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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www.ncbi.nlm.nih.gov/pubmed/23116528

An 80-year-old man is brought to the emergency department by his son due to acute shortness of breath. The patient reports a chronic cough and a 13.6-kg (30-lb) weight loss over the past 6 months. Chest x-ray demonstrates a large mass in the right lung and an associated pleural effusion. The patient is hospitalized and undergoes bronchoscopy with biopsy; the pathology report comes back as bronchogenic carcinoma. When the physician initiates a private discussion about the biopsy results, the patient says, "I prefer not to be told anything. You can discuss everything with my son. I trust his judgment." The patient is cognitively intact without signs of mental illness. Which of the following is the most appropriate response by the physician?

A. "Could you tell me why you decided to get a bronchoscopy done if you did not wish to know the results?"

B. "Hearing about test results can be stressful. Would you like to speak to the chaplain before making a decision?"

C. "I appreciate why you would not want to hear the results, but you could make informed decisions about your health if you knew."

D. "I understand that you would not like to be told the results of the biopsy. I will share them with

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and undergoes bronchoscopy with biopsy; the pathology report comes back as bronchogenic carcinoma. When the physician initiates a private discussion about the biopsy results, the patient says, "I prefer not to be told anything. You can discuss everything with my son. I trust his judgment." The patient is cognitively intact without signs of mental illness. Which of the following is the most appropriate response by the physician?

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B. "Hearing about test results can be stressful. Would you like to speak to the chaplain before making a decision?"

C. "I appreciate why you would not want to hear the results, but you could make informed decisions about your health if you knew."

D. "I understand that you would not like to be told the results of the biopsy. I will share them with your son."

E. "Not knowing your results may also cause anxiety; let's discuss this with your son and see what he thinks."

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be told anything. You can discuss everything with my son. I trust his judgment." The patient is cognitively intact without signs of mental illness. Which of the following is the most appropriate response by the physician?

- A. "Could you tell me why you decided to get a bronchoscopy done if you did not wish to know the results?" (5%)
- B. ~~"Hearing about test results can be stressful. Would you like to speak to the chaplain before making a decision?"~~ (5%)
- C. "I appreciate why you would not want to hear the results, but you could make informed decisions about your health if you knew." (14%)
- D. "I understand that you would not like to be told the results of the biopsy. I will share them with your son." (70%)
- E. "Not knowing your results may also cause anxiety; let's discuss this with your son and see what he thinks." (5%)

Incorrect
Correct answer

70%

01 min, 14 secs

11/29/2020

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www.ncbi.nlm.nih.gov/pubmed/23116528

Patients have the **right** to preemptively **refuse to receive** medical **information**. This patient has expressed a clear preference and has the capacity to make health care decisions. It is important to respect his wishes by withholding the information. In this case, respecting **patient autonomy** means respecting his decision not to know and to defer decision-making to his son.

Reasons for refusing to receive medical information are varied and complex and include **personal values** (eg, fatalism), psychological concerns (eg, fears of bad news and mortality), and **cultural beliefs** (eg, cultural preference for the family to make treatment decisions). In some cultures, direct disclosure of a serious illness to a family elder may be considered unnecessarily cruel or disrespectful, and it is customary for family members to make health care decisions for the patient. Other cultural reasons for nondisclosure include the belief that open discussion may cause unnecessary anxiety, depression, or hopelessness or that speaking aloud about a condition makes death or terminal illness more certain. Physicians should respond to different individual and cultural values with an open, sensitive approach that conveys respect for the preferences of the patient and family.

(Choice A) This statement may be perceived as judgmental and impair rapport. A patient has no obligation to hear the results of an intervention and has the right to refuse procedures or information at any time.

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(Choice A) This statement may be perceived as judgmental and impair rapport. A patient has no obligation to hear the results of an intervention and has the right to refuse procedures or information at any time.

(Choices B and E) The patient has decision-making capacity, and his preference not to be informed should be respected. Questioning the patient's decision and consulting with the chaplain or the patient's son are not necessary and may be perceived as disrespectful.

(Choice C) This response puts pressure on the patient to accept the information when he has clearly stated that he does not want to know.

Educational objective:
Patients have the right to refuse to receive medical information for individual or cultural reasons. In some cultures, family members may make health care decisions to avoid perceived harm, disrespect, or mental distress caused by direct disclosure to the patient.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient autonomy
Subject	System	Topic

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www.ncbi.nlm.nih.gov/pubmed/23116528

A 68-year-old man is brought to the emergency department by a friend who saw the patient "pass out" while having drinks and dinner. The patient's medical history includes chronic obstructive pulmonary disease, hypertension, coronary artery disease, and alcohol abuse. He is unmarried and lives alone. The friend says the patient has a sister who lives in the area but is unaware of when they last spoke. The friend has known the patient for 5 years and says that they are "good buddies." He tells the physician that they have discussed dying and that he believes the patient would prefer to "go naturally" and would refuse any heroic measures, including "being hooked up to a ventilator." The patient is somnolent and unable to answer questions. Despite oxygen supplementation, his pulse oximetry shows decreasing oxygen saturation and he may require intubation. Which of the following is the most appropriate course of action?

A. Attempt to contact the patient's sister for consent to intubate
B. Consult the hospital ethics committee
C. Do not intubate based on the friend's report of the patient's wishes
D. Plan to proceed with intubation
E. Wait to see if the patient improves on oxygen and can sign consent

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while having drinks and dinner. The patient's medical history includes chronic obstructive pulmonary disease, hypertension, coronary artery disease, and alcohol abuse. He is unmarried and lives alone. The friend says the patient has a sister who lives in the area but is unaware of when they last spoke. The friend has known the patient for 5 years and says that they are "good buddies." He tells the physician that they have discussed dying and that he believes the patient would prefer to "go naturally" and would refuse any heroic measures, including "being hooked up to a ventilator." The patient is somnolent and unable to answer questions. Despite oxygen supplementation, his pulse oximetry shows decreasing oxygen saturation and he may require intubation. Which of the following is the most appropriate course of action?

- A. Attempt to contact the patient's sister for consent to intubate (51%)
- B. Consult the hospital ethics committee (3%)
- C. Do not intubate based on the friend's report of the patient's wishes (12%)
- D. Plan to proceed with intubation (29%)
- E. Wait to see if the patient improves on oxygen and can sign consent (2%)

Incorrect

51%

09 mins, 12 secs

12/14/2020

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Ideally, physicians should determine a patient's wishes regarding resuscitation when the patient still has decision-making capacity and encourage the patient to document advance directives and identify a health care proxy. If an incapacitated patient does not have an advanced directive designating a proxy, a patient's **family member** can act as the **surrogate decision maker**. If the patient has **no family, then a person who cares about and knows** the patient's wishes can act as a substitute **(Choice C)**. A substituted decision is one that the surrogate believes the patient would have chosen.

This patient lacks capacity to give informed consent. He has a sister, and an attempt should be made to contact her regarding the decision to intubate. If the patient did not have family available, then the advice of his friend could be used as substituted judgment.

(Choices B and E) Waiting for the patient's mental status to improve or consulting the hospital ethics committee would be inappropriate given the potential for the patient's respiratory status to deteriorate rapidly.

(Choice D) In this case, intubation is not emergent, and an effort should be made to contact the patient's sister. In an emergency, the physician should use clinical judgment and act promptly, and can do so without consent if necessary.

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contact her regarding the decision to intubate. If the patient did not have family available, then the advice of his friend could be used as substituted judgment.

(Choices B and E) Waiting for the patient's mental status to improve or consulting the hospital ethics committee would be inappropriate given the potential for the patient's respiratory status to deteriorate rapidly.

(Choice D) In this case, intubation is not emergent, and an effort should be made to contact the patient's sister. In an emergency, the physician should use clinical judgment and act promptly, and can do so without consent if necessary.

Educational objective:
In the absence of an advance directive and designated health care proxy, a family member of an incapacitated patient should be contacted to act as a surrogate decision maker, followed by a person who cares about and knows the patient's wishes. In an emergency, the physician can treat an incapacitated patient without obtaining consent.

References

- Patient preferences and surrogate decision making in neuroscience intensive care units.
- Biologically-related or emotionally-connected: who would be the better surrogate decision-maker?

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www.ncbi.nlm.nih.gov/pubmed/23116528

A 79-year-old woman is admitted to the hospital with shortness of breath, fever, and confusion. Her medical history includes lung cancer, hypertension, osteoarthritis, and glaucoma. The patient is unable to communicate but made an advance directive several weeks ago specifying "no intubation." Her husband of 60 years accompanies her to the hospital and tells the doctor to "do everything possible to save her life." Her daughter, who is 6 months pregnant, arrives the following day and wants her mother to live long enough to see the birth of her new grandchild, saying, "I feel this is what she would have wanted." Despite treatment, the patient's condition deteriorates and intubation is indicated. The physician should follow which of the following regarding the decision to intubate?

A. Advance directive
B. Courts
C. Daughter
D. Ethics committee
E. Husband

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www.ncbi.nlm.nih.gov/pubmed/23116528

medical history includes lung cancer, hypertension, osteoarthritis, and glaucoma. The patient is unable to communicate but made an advance directive several weeks ago specifying "no intubation." Her husband of 60 years accompanies her to the hospital and tells the doctor to "do everything possible to save her life." Her daughter, who is 6 months pregnant, arrives the following day and wants her mother to live long enough to see the birth of her new grandchild, saying, "I feel this is what she would have wanted." Despite treatment, the patient's condition deteriorates and intubation is indicated. The physician should follow which of the following regarding the decision to intubate?

- A. Advance directive (94%)
- B. Courts (0%)
- C. Daughter (0%)
- D. Ethics committee (1%)
- E. Husband (2%)

Correct

94%

35 secs

09/06/2020

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www.ncbi.nlm.nih.gov/pubmed/23116528

This patient currently lacks decision-making capacity but has outlined her wishes on an advance directive form in the event she becomes incapacitated. The document explicitly states "no intubation" and would overrule any family member's objection. Based on the ethical principle of autonomy, the advance directive clearly documents the patient's wish not to be intubated and takes precedence over the wishes of the husband and the daughter **(Choices C and E)**. Although the daughter feels that her mother would wish to live to see the birth of her grandchild, this does not override the patient's formal advance directive. It is the physician's ethical duty to respect the patient's autonomy and avoid intubation based on the patient's documented wishes.

(Choices B and D) Referral to an ethics committee is indicated when there is no advance directive and family members disagree about what the patient would have wanted. If consensus is still not achieved, referral to the courts becomes necessary.

Educational objective:
Advance directives take precedence over the wishes of family members. Physicians should respect patient autonomy and adhere to patients' wishes as outlined in advance directives.

References

- Implementing advance directives in office practice.

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A 27-year-old man comes to the office for follow-up regarding a herniated disc. He first injured the disc 3 months ago while at work. Nonsurgical treatment options, including physical therapy and as-needed NSAIDs and tramadol, were recommended. The patient has completed physical therapy, and follow-up MRI indicates that the herniated disc has regressed. He reports a significant amount of ongoing pain and asks for a dose increase and refill of his pain medication. In the past month, the patient has been to the emergency department on 2 occasions to request pain medication due to running out before his next scheduled refill. Vital signs are within normal limits, and physical examination is unremarkable. Which of the following statements by the physician would be most appropriate at this time?

A. "Given your recent refill requests and interest in increasing your dose, I am concerned that you may be dependent on pain medication."

B. "It doesn't seem like medication is effective anymore; let's talk about alternate ways to treat your pain."

C. "Sometimes patients take pain medications to help with other types of symptoms; how has your mood been recently?"

D. "You're still experiencing a lot of pain, and it has not been easy managing it; let's discuss how

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MRI indicates that the herniated disc has regressed. He reports a significant amount of ongoing pain and asks for a dose increase and refill of his pain medication. In the past month, the patient has been to the emergency department on 2 occasions to request pain medication due to running out before his next scheduled refill. Vital signs are within normal limits, and physical examination is unremarkable. Which of the following statements by the physician would be most appropriate at this time?

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B. "It doesn't seem like medication is effective anymore; let's talk about alternate ways to treat your pain."

C. "Sometimes patients take pain medications to help with other types of symptoms; how has your mood been recently?"

D. "You're still experiencing a lot of pain, and it has not been easy managing it; let's discuss how you have been taking the medication."

E. "Your pain symptoms do not seem to be improving with additional medication, so a dose increase is unlikely to help you."

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emergency department on 2 occasions to request pain medication due to running out before his next scheduled refill. Vital signs are within normal limits, and physical examination is unremarkable. Which of the following statements by the physician would be most appropriate at this time?

A. ~~"Given your recent refill requests and interest in increasing your dose, I am concerned that you may be dependent on pain medication."~~ (5%)

B. ~~"It doesn't seem like medication is effective anymore; let's talk about alternate ways to treat your pain."~~ (16%)

C. ~~"Sometimes patients take pain medications to help with other types of symptoms; how has your mood been recently?"~~ (6%)

✓ D. ~~"You're still experiencing a lot of pain, and it has not been easy managing it; let's discuss how you have been taking the medication."~~ (71%)

✗ E. "Your pain symptoms do not seem to be improving with additional medication, so a dose increase is unlikely to help you." (0%)

Incorrect
Correct answer

71%
Answered correctly

02 mins, 18 secs
Time Spent

11/08/2020
Last Updated

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www.ncbi.nlm.nih.gov/pubmed/23116528

Pain is subjective, and physicians must use clinical judgment to **balance** effective **pain management** with **prevention of drug overuse** and misuse. Prescription opioid misuse has become an increasing occurrence in recent years. Signs of misuse include not taking medication as prescribed, requesting early refills, accessing drugs from multiple physicians or illicit sources, requesting higher doses, and refusing alternate pain-management strategies.

This patient is showing signs suggestive of opioid use disorder: running out of medication early; obtaining prescriptions in emergency departments rather than from the primary prescriber; tolerance (ie, requiring higher doses to attain the same effect); and dependence. However, confronting the patient about misuse at this point is unlikely to be helpful. The most appropriate initial action is a patient-centered approach: **validating** the **patient's concern** about pain control; engaging the patient in a nonjudgmental, **collaborative discussion** of how he is using the medication; and **exploring reasons** for the **escalating use**.

(Choice A) This statement may be interpreted as confrontational and put the patient on the defensive. It fails to validate the patient's subjective experience of pain and instead focuses on the physician's concerns about dependence.

(Choices B and E) These statements reject the patient's request for more medication without discussion

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www.ncbi.nlm.nih.gov/pubmed/23116528

falls to validate the patient's subjective experience of pain and instead focuses on the physician's concerns about dependence.

(Choices B and E) These statements reject the patient's request for more medication without discussion and prematurely shut down the conversation. This approach is likely to frustrate the patient, making it less likely that he will be receptive to alternate approaches to pain management.

(Choice C) This response prematurely switches the focus of the conversation to mood, ignoring the patient's concerns. Raising the possibility of self-medication of mood symptoms would be more appropriate once the patient has already engaged in a collaborative discussion of how he is using the medication.

Educational objective:
When misuse of prescription opioids is suspected, physicians should first engage patients in a nonjudgmental, collaborative discussion to understand the reasons for the misuse.

References

- Prescription opioid abuse in chronic pain: an updated review of opioid abuse predictors and strategies to curb opioid abuse: part 1.
- Prescription opioid misuse, abuse, and treatment in the United States: an update.

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www.ncbi.nlm.nih.gov/pubmed/26337039

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An internist is treating a 61-year-old man who has been hospitalized repeatedly over the last 6 months due to a recent myocardial infarction. The patient's condition has slowly improved, although his clinical course was complicated by a pulmonary embolus, urinary tract infection, and hip fracture from a fall during cardiac rehabilitation. During an outpatient clinic appointment, the patient gives the physician a handmade thank-you card containing 4 courtside tickets to a professional basketball playoff game. He says, "I would like to thank you for everything that you've done. Please accept these tickets and enjoy the game." He tells the physician not to worry about the expense, saying, "I receive free season tickets through my company but haven't felt well enough to make it to the games. You have been such a wonderful doctor, and I wanted to give you something to express my gratitude." Which of the following responses by the physician is most appropriate?

A. "I am touched by your very kind gesture. My family and I love basketball and we'll certainly enjoy the game."

B. "I appreciate your thoughtfulness and will treasure the card you have made for me. However, it would not be right for me to accept the tickets."

C. "Thank you; my family will certainly enjoy the game. Please know that I will always provide you with the best care possible, just like I do for all my patients."

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A. "I am touched by your very kind gesture. My family and I love basketball and we'll certainly enjoy the game."

B. "I appreciate your thoughtfulness and will treasure the card you have made for me. However, it would not be right for me to accept the tickets."

C. "Thank you; my family will certainly enjoy the game. Please know that I will always provide you with the best care possible, just like I do for all my patients."

D. "Thank you very much. I do not normally accept valuable gifts for ethical reasons. However, since they were free and you are unable to attend, I would be happy to accept them."

E. "Thank you very much but I cannot accept the tickets; please know that I give all my patients the best care whether or not they bring a gift."

F. "Thank you very much, but I have a policy of not accepting valuable gifts from patients. Would you mind if I offer them to the office staff?"

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appropriate?

A. "I am touched by your very kind gesture. My family and I love basketball and we'll certainly enjoy the game." (1%)

✓ B. "I appreciate your thoughtfulness and will treasure the card you have made for me. However, it would not be right for me to accept the tickets." (79%)

C. "Thank you; my family will certainly enjoy the game. Please know that I will always provide you with the best care possible, just like I do for all my patients." (3%)

D. "Thank you very much. I do not normally accept valuable gifts for ethical reasons. However, since they were free and you are unable to attend, I would be happy to accept them." (1%)

E. "Thank you very much but I cannot accept the tickets; please know that I give all my patients the best care whether or not they bring a gift." (11%)

F. "Thank you very much, but I have a policy of not accepting valuable gifts from patients. Would you mind if I offer them to the office staff?" (1%)

Correct

79%
Answered correctly

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Although gift giving as an expression of gratitude is common in many cultures, acceptance of expensive gifts is problematic for several reasons. Gifts of significant value can place undue financial burden on the patient. From an ethical standpoint, **expensive gifts may influence or appear to influence** the physician's **professional judgment** (eg, gift is given or perceived to be given in expectation of preferential treatment). Even a conscious effort by the physician to avoid preferential treatment could be undermined by the subconscious influence of the gift on the physician's behavior. The consensus and professional standard is that it is **unethical** to **accept gifts of significant monetary value**. Many medical offices and hospitals implement a no-gift rule to keep things simple; others implement a dollar-amount rule (eg, $10 or less).

Declining a valuable gift should be done with care, as a tactless approach can have a negative impact on the physician-patient relationship. The physician should always express gratitude for the gesture and explain why the gift cannot be accepted. Accepting gifts of low monetary value given as a token of appreciation or cultural tradition and that are not intended to influence care is generally considered appropriate.

(Choices A and C) Accepting a gift of significant value would not be appropriate for the above-mentioned reasons.

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reasons.

(Choice D) Although the gift was of no expense to the patient, it is still ethically problematic due to its potential to influence the physician's behavior.

(Choice E) This response is judgmental as it implies that the gift was given to obtain preferential treatment. This patient does not appear to be attempting to "buy" special treatment from the physician but is instead only expressing gratitude.

(Choice F) It is ethically problematic to accept the gift even with the intention of passing it along to the office staff. It may precipitate patient favoritism among the staff or make other patients feel obligated to provide gifts to the health care team.

Educational objective:

It is ethically problematic for physicians to accept expensive gifts as they may influence or appear to influence physician behavior. These gifts should be declined after expressing appreciation for the gesture.

References

- The price of a gift: an approach to receiving gifts from patients in psychiatric practice.

Behavioral science | Social Sciences (Ethics/Legal/Professional) | Professional conduct

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A 4-year-old girl is sent to the emergency department from her day care center due to fever, right ear pain, and repeated vomiting. Examination shows a bulging, cloudy tympanic membrane associated with erythema, swelling, and tenderness over the right mastoid. CT scan reveals opacification of the mastoid air cells with destruction of bony septa. When the patient's parents arrive, they report that the patient has had recurrent episodes of otitis media. However, the parents decline antibiotic therapy, stating, "In our family, we believe that natural healing techniques are better than shooting up our children with chemicals." Which of the following is the most appropriate response to the parents' statement?

A. "Can you please tell me what you currently understand about your child's infection?"

B. "Help me understand what natural treatments you are willing to allow."

C. "I understand your concerns about medication side effects, but antibiotic treatment is necessary."

D. "If we don't give your child antibiotics, she could get a brain abscess and die."

E. "We can try natural techniques briefly, but if she doesn't get better, we will have to use antibiotics."

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A. "Can you please tell me what you currently understand about your child's infection?" (58%)

B. "Help me understand what natural treatments you are willing to allow." (17%)

C. "I understand your concerns about medication side effects, but antibiotic treatment is necessary." (18%)

D. ~~"If we don't give your child antibiotics, she could get a brain abscess and die."~~ (2%)

E. ~~"We can try natural techniques briefly, but if she doesn't get better, we will have to use antibiotics."~~ (2%)

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Approach to treatment refusal	
Determine legal decision-maker	• Self: legal/competent adult or emancipated minor • Surrogate decision-maker: parent/guardian, specified proxy, default surrogate (eg, spouse, adult child)
Counsel decision-maker	• Assess level of understanding, health literacy • Explain natural history of disease, pros & cons of treatment options
Continued refusal	• For life-sustaining treatment: ◦ Engage care team, social services ◦ Consult facility ethics committee ◦ Initiate legal action for court order • If immediate care is needed (eg, life- or limb-threatening condition): ◦ Provider should administer care over surrogate refusal

This child with a history of recurrent otitis media now has acute mastoiditis, a purulent infection of the mastoid air cells. **Untreated mastoiditis** can lead to serious complications, including **brain abscess and death**, and requires aggressive management. Initial treatment includes parenteral antibiotics, and patients often require surgical intervention.

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often require surgical intervention.

Patients and surrogate decision-makers (eg, parents, guardians) often have limited understanding of serious but uncommon conditions, such as mastoiditis. They also may have misconceptions regarding the potential risks and benefits of medical treatment. Decision-making can be further complicated by the urgency to make life-or-death decisions quickly in unfamiliar environments (eg, emergency department).

The initial step in counseling patients and surrogate decision-makers regarding **refusal of treatment** is to calmly probe their **understanding of the disease process**. This can be followed by **counseling and education** tailored to the decision-maker's **level of understanding and health literacy** and an objective assessment of treatment options. Although a court order may be necessary to compel the parents to allow life-saving treatment, legal action can be distressing to all involved. Often, once the disease process and treatment options are better understood, decision-makers become less resistant to treatment.

(Choice B) For non–life-threatening conditions for which standard therapies are undesirable or ineffective, clinicians can lend their expertise to patients regarding nonstandard therapies, even if the clinician does not fully endorse such therapies. However, there are no nonpharmacologic therapies that are adequate for treating mastoiditis.

(Choice C) This statement begins with an appropriate gesture of concern. However, it is inadequate

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treating mastoiditis.

(Choice C) This statement begins with an appropriate gesture of concern. However, it is inadequate because it simply reiterates treatment recommendations and does not attempt to provide the information needed for the patient's parents to make an informed decision.

(Choice D) Although discussion with this child's family should include the risks of untreated mastoiditis, presenting scare tactics and worst-case scenarios is likely only to further distress the family and inhibit rational decision-making.

(Choice E) Delayed treatment of mastoiditis is not recommended. Wasting time with ineffective treatments will only delay having a more appropriate conversation.

Educational objective:
Patients and surrogate decision-makers often have misconceptions regarding medical conditions and the potential risks and benefits of treatment. The initial step in counseling patients and surrogate decision-makers regarding treatment refusal is to calmly probe their understanding of the disease process. This can be followed by counseling and education tailored to the decision-maker's level of understanding and health literacy.

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A 65-year-old man is admitted to the inpatient unit of a busy community hospital for worsening shortness of breath over the last few days. He has a 60-pack-year smoking history and was initially diagnosed with chronic obstructive pulmonary disease exacerbation and treated accordingly. Chest x-ray on admission shows a large hilar opacity, and CT scan confirms the presence of a 4-cm mass in the right hilum. In the process of obtaining informed consent for bronchoscopy with biopsy, the patient says, "Doc, please don't tell me what they find, because if it's cancer, I don't want to know." Which of the following is the most appropriate response to this patient's request?

A. "I won't tell you, but you must appoint someone in your family to make decisions on your behalf."

B. "It is my ethical and legal obligation to share your health information with you."

C. "Tell me more about your concerns so I can better understand why you feel this way."

D. "There is no need to worry. The chances are this isn't cancer."

E. "You will have to be evaluated by a psychiatrist before I can comply with your request."

Submit

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A. "I won't tell you, but you must appoint someone in your family to make decisions on your behalf." (6%)

B. "It is my ethical and legal obligation to share your health information with you." (1%)

C. "Tell me more about your concerns so I can better understand why you feel this way." (91%)

D. "There is no need to worry. The chances are this isn't cancer." (0%)

E. "You will have to be evaluated by a psychiatrist before I can comply with your request." (0%)

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Just as competent patients have the right to refuse medical care and interventions, they also have the right to refuse to receive diagnostic information. Requests to withhold information may stem from personal fears or cultural, religious, or social factors. They should be respected based on the principle of **autonomy**. This patient is concerned about being diagnosed with lung cancer and likely has unspoken fears about what the diagnosis means. An appropriate initial response is to attempt to learn why the patient feels this way. Efforts should be made to gently explore the patient's concerns, elicit questions he may have about potential diagnoses (lung cancer and other possibilities), and explain how knowing the diagnosis may help him make subsequent treatment decisions. The physician should make an effort to understand the patient's desires and concerns in order to develop a trusting relationship that may facilitate future collaborative treatment planning.

(Choice A) Although it may be beneficial to involve family members and eventually designate a surrogate decision maker, the initial role of the physician in this case is to try to understand the patient's concerns.

(Choice B) Although a physician is ethically obligated to share all of a patient's health information with the patient, in this case a competent patient is specifically requesting that he not be told his diagnosis. The physician should therefore respect his decision.

(Choice D) Offering false reassurance that the diagnosis is unlikely to be cancer is inappropriate.

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(Choice B) Although a physician is ethically obligated to share all of a patient's health information with the patient, in this case a competent patient is specifically requesting that he not be told his diagnosis. The physician should therefore respect his decision.

(Choice D) Offering false reassurance that the diagnosis is unlikely to be cancer is inappropriate.

(Choice E) Undiagnosed psychiatric illness may play a role in a patient's request to not receive diagnostic information, but there is no evidence to suggest that it is occurring in this patient. If further discussion with the patient indicates significant depression, anxiety, or other psychiatric issues, a psychiatric consultation would be indicated.

Educational objective:
Patients have the right to have information withheld from them regarding their medical condition. Physicians must respect their wish not to know, but should also explore the patient concerns to better understand their preferences and maximize their involvement in subsequent medical decision making.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient autonomy
Subject	System	Topic

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A 56-year-old woman with major depression comes to the office for follow-up. She has been on paroxetine 40 mg daily for the past 2 years. She is doing fairly well but still experiences some periods of depression. When the patient is asked whether she is having any difficulty with the medication, she explains that she doubles her dose when having a "bad day" and occasionally skips doses on days when she feels better. Which of the following would be the most appropriate action by her physician?

A. Decrease the dose of paroxetine to lower the risk of toxicity
B. Educate the patient about the risks of irregular dosing
C. Inform the patient that she must take the medication once daily as prescribed
D. Obtain a paroxetine blood level
E. Provide written instructions on how to take the medication

Submit

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A. ~~Decrease the dose of paroxetine to lower the risk of toxicity~~ (0%)

✓ B. Educate the patient about the risks of irregular dosing (86%)

C. Inform the patient that she must take the medication once daily as prescribed (3%)

D. ~~Obtain a paroxetine blood level~~ (2%)

E. Provide written instructions on how to take the medication (6%)

Correct

86%
Answered correctly

57 secs
Time Spent

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Last Updated

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This patient is not adhering to the prescribed medication schedule and appears to not understand the risks of doubling or skipping her dose. Patients' misunderstanding of medication use can result in medication errors and in serious cases can lead to toxicity and withdrawal. The physician should educate this patient about the risks associated with skipping or doubling the dose of paroxetine, including withdrawal, loss of efficacy, increased side effects, and drug interactions. The physician should also explain that daily medication adherence is necessary to achieve the steady-state blood level required to sustain improvement in depression.

(Choice A) Reducing the dose of paroxetine would increase the patient's risk of depression recurrence and does not address her lack of understanding of the reasons for taking the medication as prescribed.

(Choices C and E) Instructing the patient verbally or in writing on how to take the medication does not address her lack of understanding of the reasons for taking it as prescribed and the risks of doubling or skipping doses.

(Choice D) A paroxetine level would not be helpful in patient management and does not address her misconceptions.

Educational objective:

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medication adherence is necessary to achieve the steady-state blood level required to sustain improvement in depression.

(Choice A) Reducing the dose of paroxetine would increase the patient's risk of depression recurrence and does not address her lack of understanding of the reasons for taking the medication as prescribed.

(Choices C and E) Instructing the patient verbally or in writing on how to take the medication does not address her lack of understanding of the reasons for taking it as prescribed and the risks of doubling or skipping doses.

(Choice D) A paroxetine level would not be helpful in patient management and does not address her misconceptions.

Educational objective:
Patients' misunderstanding of medication use can result in medication errors, including potential overdose, toxicity, and withdrawal. Physicians must assess the patient's understanding and provide targeted education to address misconceptions.

References

- Adherence to antidepressant treatment.

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A primary care physician is invited to give a presentation to a local employer. He is a member of a large multi-specialty medical group, which he joined less than a year ago after completing residency. During the presentation, the physician discusses the various medical specialties available within the group, as well as the range of ancillary services the group offers at its facilities. In the ensuing discussion, the physician learns that the employer has been facing financial difficulties. The employer wishes to continue offering health care coverage to its employees but needs to reduce expenditures. As a result, the employer would like to negotiate a contract in which the medical group would provide care to all the company's employees in exchange for a set monthly fee per employee. Which of the following payment methods best describes this type of health care financing arrangement?

A. Capitation
B. Discounted fee-for-service
C. Global payment
D. Patient-centered medical home
E. Point-of-service

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multi-specialty medical group, which he joined less than a year ago after completing residency. During the presentation, the physician discusses the various medical specialties available within the group, as well as the range of ancillary services the group offers at its facilities. In the ensuing discussion, the physician learns that the employer has been facing financial difficulties. The employer wishes to continue offering health care coverage to its employees but needs to reduce expenditures. As a result, the employer would like to negotiate a contract in which the medical group would provide care to all the company's employees in exchange for a set monthly fee per employee. Which of the following payment methods best describes this type of health care financing arrangement?

- A. Capitation (53%)
- B. Discounted fee-for-service (14%)
- C. Global payment (20%)
- D. Patient-centered medical home (1%)
- E. Point-of-service (9%)

53% 01 min, 06 secs 10/10/2020

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An arrangement in which a payor (individual, employer, or government entity) pays a **fixed, predetermined fee** per patient to cover all required medical services is termed capitation. **Capitation** is the payment structure underlying **health maintenance organization** (HMO) provider networks. Under capitation, there is an incentive for the provider and patient to reduce expenses, usually by restricting patients to a limited panel of providers within the plan, requiring referrals from a primary care provider prior to specialist consultations, and denying payment for services that do not meet established evidence-based guidelines.

Capitation payments are often made to a private insurance company, which then negotiates with individual physicians or physician networks to provide care. Alternately, a very large physician group (including primary and specialty physicians) may contract directly with employers to provide capitated care for their employees.

(Choice B) Discounted fee-for-service is a payment arrangement in which an insurer pays a provider for each individual service provided at a pre-arranged, discounted rate. Employers would not generally negotiate a fee-for-service contract directly with a provider.

(Choice C) Global payment is an arrangement in which an insurer pays a provider a single payment to cover all the expenses associated with an incident of care. This is most commonly done for elective

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(Choice C) Global payment is an arrangement in which an insurer pays a provider a single payment to cover all the expenses associated with an incident of care. This is most commonly done for elective surgeries, in which the global payment covers the surgery as well as any pre- and post-operative visits needed.

(Choice D) A patient-centered medical home is a specific model of primary care in which patients have access to a personal physician who coordinates care and sees the patient through all aspects of care, including preventive services and acute and chronic disease management. Payment for these services may be capitated or fee-for-service.

(Choice E) Point-of-service plans require patients to have a primary care provider and obtain referrals for specialty consultations. They differ from HMO plans in that they allow patients to see providers outside the network, albeit at higher out-of-pocket costs (copays and deductibles).

Educational objective:
Capitation is an arrangement in which a payor pays a fixed, predetermined fee to provide all the services required by a patient. Payors may negotiate a capitated contract with an insurance company that then pays the providers, or a large medical group may negotiate directly with the payor.

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A 52-year-old man comes to the office for follow-up to discuss the results of his colonoscopy. The physician informs the patient that a cancerous polyp was removed and that there is no evidence of invasive cancer at the resection margins. He is then reassured that he has an excellent prognosis. In response, the patient curses and shouts angrily, "Are you telling me I should be happy that you found cancer in the first place? You don't know what you're doing!" Which of the following is the most appropriate response to the patient?

A. "Feeling like you don't have control in your life can be difficult; I can assure you that you have received the best care."

B. "I realize it can be very upsetting to be told something unexpected about your health; what is your understanding of the results?"

C. "It's hard to process news like that, but I want to make sure you understand that the cancer was completely removed."

D. "You're allowed to feel angry, and I'm available to continue this conversation after you've calmed down."

E. "You seem very distressed with your results; would you like me to refer you to another physician

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physician informs the patient that a cancerous polyp was removed and that there is no evidence of invasive cancer at the resection margins. He is then reassured that he has an excellent prognosis. In response, the patient curses and shouts angrily, "Are you telling me I should be happy that you found cancer in the first place? You don't know what you're doing!" Which of the following is the most appropriate response to the patient?

A. "Feeling like you don't have control in your life can be difficult; I can assure you that you have received the best care."

B. "I realize it can be very upsetting to be told something unexpected about your health; what is your understanding of the results?"

C. "It's hard to process news like that, but I want to make sure you understand that the cancer was completely removed."

D. "You're allowed to feel angry, and I'm available to continue this conversation after you've calmed down."

E. "You seem very distressed with your results; would you like me to refer you to another physician for a second opinion?"

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patient curses and shouts angrily, "Are you telling me I should be happy that you found cancer in the first place? You don't know what you're doing!" Which of the following is the most appropriate response to the patient?

A. ~~"Feeling like you don't have control in your life can be difficult; I can assure you that you have received the best care."~~ (0%)

✓ B. "I realize it can be very upsetting to be told something unexpected about your health; what is your understanding of the results?" (89%)

C. "It's hard to process news like that, but I want to make sure you understand that the cancer was completely removed." (5%)

D. ~~"You're allowed to feel angry, and I'm available to continue this conversation after you've calmed down."~~ (4%)

E. ~~"You seem very distressed with your results; would you like me to refer you to another physician for a second opinion?"~~ (0%)

Correct

89%
Answered correctly

01 min, 52 secs
Time Spent

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Last Updated

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This patient is angry and verbally abusive after receiving an unexpected cancer diagnosis. Anxiety and distress likely exacerbate his sense of entitlement and demanding personality characteristics, and the physician must face the challenge of responding to his insulting comments. When patients are upset, they may have difficulty fully processing information. Instead, they may express anger at the physician rather than acknowledging their own fears.

The best approach is to defuse the situation by being **nondefensive** and **acknowledging the patient's anger**. This should be followed by an open-ended approach that **elicits** the **patient's understanding** about his condition and encourages him to express his **concerns** and fears about the diagnosis that likely underlie his behavior.

(Choice A) This statement initially expresses empathy but then assumes a defensive stance, which is unlikely to engage the patient or defuse his anger.

(Choice C) This statement assumes that the patient did not understand the information provided, which may be perceived as judgmental. The best initial approach is to acknowledge the patient's anger while exploring his understanding of the results. Reassurance that the cancer was removed would be the appropriate next step if discussion revealed that he misunderstood his prognosis.

(Choice D) Suggesting that the patient should calm down is likely to be perceived as condescending and

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exploring his understanding of the results. Reassurance that the cancer was removed would be the appropriate next step if discussion revealed that he misunderstood his prognosis.

(Choice D) Suggesting that the patient should calm down is likely to be perceived as condescending and judgmental, leading to further deterioration of rapport.

(Choice E) Suggesting referral to another provider may be perceived as an attempt to get rid of the patient. The first step should be to defuse the patient's anger and attempt to preserve the physician-patient relationship.

Educational objective:

When confronting an angry patient, the physician should use a nondefensive, empathic approach that acknowledges the patient's anger and attempts to explore the patient's underlying concerns.

References

- Defusing the angry patient: 25 tips.
- Evaluation and treatment of the angry patient.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 60-year-old man comes to the office for surgical consultation of multivessel coronary artery disease. After reviewing prior records and completing a thorough evaluation, the surgeon discusses the recommendation for a coronary artery bypass graft, describing the indications for the operation and providing an overview of the surgery, including risks and benefits. The surgeon then discusses what the patient can expect during the recovery period. Which of the following additional disclosures is a necessary component of an informed consent discussion by the surgeon?

A. Cost of surgery and estimated coverage by insurance
B. Mortality rate of coronary artery bypass grafts performed by the surgeon
C. Option for patient to obtain a second opinion
D. Probable outcomes if surgery is not performed
E. Risks of anesthetic agents that will be used during the procedure

Submit

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A 60-year-old man comes to the office for surgical consultation of multivessel coronary artery disease. After reviewing prior records and completing a thorough evaluation, the surgeon discusses the recommendation for a coronary artery bypass graft, describing the indications for the operation and providing an overview of the surgery, including risks and benefits. The surgeon then discusses what the patient can expect during the recovery period. Which of the following additional disclosures is a necessary component of an informed consent discussion by the surgeon?

A. ~~Cost of surgery and estimated coverage by insurance~~ (4%)

B. ~~Mortality rate of coronary artery bypass grafts performed by the surgeon~~ (3%)

✗ C. Option for patient to obtain a second opinion (10%)

✓ D. Probable outcomes if surgery is not performed (60%)

E. ~~Risks of anesthetic agents that will be used during the procedure~~ (20%)

Incorrect
Correct answer
D

60%
Answered correctly

02 mins, 17 secs
Time Spent

11/25/2020
Last Updated

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Elements of informed consent	
Preconditions	• Decision-making capacity • Voluntariness
Disclosure of key facts	• Diagnosis • Proposed treatment • Alternative treatment options • Risks/benefits of proposed treatment & alternatives ◦ Common complications ◦ Serious complications • Risks of refusing treatment
Other disclosures if applicable	• Role of residents & medical students • Anticipated additional procedures • Financial conflicts

The process of informed consent requires disclosure of key information so that the patient can make an informed medical decision. The essential components of an informed consent discussion include

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The process of informed consent requires disclosure of key information so that the patient can make an informed medical decision. The essential components of an informed consent discussion include explanation of the patient's **diagnosis** and **proposed treatment**, other **treatment options**, **risks and benefits** of the proposed treatment, and **risks of refusing the proposed treatment**. In this case, the surgeon has not yet addressed the risks to the patient if the surgery is not performed (eg, increased risk of subsequent cardiovascular events).

The informed consent discussion should be conducted by the surgeon who will perform the procedure and should use language that is easily comprehended. The patient must be given an opportunity to ask questions. The content of the informed consent discussion should be documented in the patient's medical record.

(Choice A) Information regarding cost is not a required component of informed consent. This information likely depends on the patient's insurance plan and is not a question the physician can accurately answer.

(Choice B) Disclosure of the mortality rate of a procedure performed by the surgeon is not a required element of informed consent. However, if asked, a physician must answer truthfully and disclose this information.

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likely depends on the patient's insurance plan and is not a question the physician can accurately answer.

(Choice B) Disclosure of the mortality rate of a procedure performed by the surgeon is not a required element of informed consent. However, if asked, a physician must answer truthfully and disclose this information.

(Choice C) Although all patients have the right to a second opinion, explicitly stating this option is not a requirement of the informed consent process.

(Choice E) Discussing the risks of anesthetic agents is outside the surgeon's scope of practice. This should be discussed during the informed consent process with the anesthesiologist, which is typically conducted as part of the preanesthesia evaluation.

Educational objective:
The essential components of informed consent include explanation of the patient's diagnosis and proposed treatment, other treatment options, the risks and benefits of the proposed treatment, and the risks of refusing the proposed treatment.

References

- Informed consent for surgery: risk discussion and documentation.

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A 55-year-old man is scheduled to have electrode implantation surgery for the treatment of advanced Parkinson disease. Three days before the procedure, the surgeon discusses the details of the operation, including associated risks and benefits, as well as alternate treatment options. The patient expresses understanding of the discussion and signs the consent form. In the preoperative room on the day of the procedure, however, he becomes anxious and nervously says, "I can't do this, doctor. I'm sorry. I don't want to have the surgery anymore." Which of the following is the most appropriate course of action?

A. Acknowledge the patient's concern and offer a sedative to alleviate anxiety

B. Ask the patient what has changed since he signed the consent form

C. Cancel and reschedule the operation for another time

D. Review the benefits of the procedure and explain that his motor symptoms will worsen without it

E. Tell the patient that his anxiety is normal and he will feel better after the procedure

Submit

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A 55-year-old man is scheduled to have electrode implantation surgery for the treatment of advanced Parkinson disease. Three days before the procedure, the surgeon discusses the details of the operation, including associated risks and benefits, as well as alternate treatment options. The patient expresses understanding of the discussion and signs the consent form. In the preoperative room on the day of the procedure, however, he becomes anxious and nervously says, "I can't do this, doctor. I'm sorry. I don't want to have the surgery anymore." Which of the following is the most appropriate course of action?

A. ~~Acknowledge the patient's concern and offer a sedative to alleviate anxiety~~ (4%)

✓ B. Ask the patient what has changed since he signed the consent form (78%)

C. ~~Cancel and reschedule the operation for another time~~ (13%)

D. Review the benefits of the procedure and explain that his motor symptoms will worsen without it (1%)

E. Tell the patient that his anxiety is normal and he will feel better after the procedure (1%)

78% 36 secs 11/09/2020

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Elements of informed consent	
Preconditions	• Decision-making capacity • Voluntariness
Disclosure of key facts	• Diagnosis • Proposed treatment • Alternative treatment options • Risks/benefits of proposed treatment & alternatives ◦ Common complications ◦ Serious complications • Risks of refusing treatment
Other disclosures if applicable	• Role of residents & medical students • Anticipated additional procedures • Financial conflicts

Voluntarily given informed consent is a prerequisite for proceeding with any nonemergency medical

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	• Financial conflicts

Voluntarily given informed consent is a prerequisite for proceeding with any nonemergency medical treatment. In this case, informed consent was obtained 3 days prior, but the patient now states that he does not want the surgery. Patients have the **right to withdraw consent at any time**. When patients change their minds and refuse treatment, it is the physician's responsibility to engage them in a **new discussion** of informed consent or informed refusal.

This patient has likely developed concerns about the procedure that were not discussed or fully addressed in the initial informed consent process. The best approach is to ask him what has changed and to explore his specific concerns related to the surgery in a nonjudgmental fashion, without pressuring him to reconsent.

(Choice A) It would be inappropriate to medicate the patient without first assessing his concerns. Sedative drugs have cognitive effects that may impair the patient's capacity to give informed consent or refusal.

(Choice C) Rescheduling the operation without first addressing the patient's concerns and conducting a new informed consent process is inappropriate.

(Choice D) Reviewing only the benefits of the procedure and the risks of no treatment may pressure the

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(Choice A) It would be inappropriate to medicate the patient without first assessing his concerns. Sedative drugs have cognitive effects that may impair the patient's capacity to give informed consent or refusal.

(Choice C) Rescheduling the operation without first addressing the patient's concerns and conducting a new informed consent process is inappropriate.

(Choice D) Reviewing only the benefits of the procedure and the risks of no treatment may pressure the patient to reconsent. An informed consent discussion must also include the risks of the procedure and the risks/benefits of alternate treatments.

(Choice E) This patient has withdrawn consent for the procedure, making his signed consent no longer valid. The physician cannot proceed with surgery.

Educational objective:
Patients have the right to withdraw consent for a procedure at any time. When patients change their minds and refuse treatment, it is the physician's responsibility to engage them in a new discussion of informed consent or informed refusal.

References

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A 26-year-old woman, gravida 1 para 0, at 38 weeks gestation is admitted to the hospital in active labor. Twelve hours after admission, she has a spontaneous vaginal delivery of a baby boy who weighs 3.8 kg (8.4 lb) and has Apgar scores of 8 and 9 at 1 and 5 minutes, respectively. The patient did not receive routine prenatal care. She has no chronic medical conditions and no medication allergies. After delivery, the patient is informed that her son will require erythromycin ointment to prevent an eye infection and possible blindness that can be caused by untreated gonorrhea. The patient says her son does not need treatment because she has never had a sexually transmitted infection. Which of the following is the most appropriate response to this patient?

A. "Although you're refusing what is recommended, I respect your decision to decline treatment and will document it in your chart."

B. "Giving medication to a healthy baby may seem unusual and unnecessary; let's talk about why this treatment is recommended for all newborns."

C. "I'm not assuming you have a sexually transmitted infection, but in case you do, this treatment could prevent serious eye conditions."

D. "Refusing treatment puts your baby at risk for lifelong consequences from an otherwise

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B. "Giving medication to a healthy baby may seem unusual and unnecessary; let's talk about why this treatment is recommended for all newborns."

C. "I'm not assuming you have a sexually transmitted infection, but in case you do, this treatment could prevent serious eye conditions."

D. "Refusing treatment puts your baby at risk for lifelong consequences from an otherwise preventable condition; let's discuss the potential risks of your decision."

E. "Sometimes people can have gonorrhea without obvious symptoms, which is why I'm required to give this medication to all newborns."

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possible blindness that can be caused by untreated gonorrhea. The patient says her son does not need treatment because she has never had a sexually transmitted infection. Which of the following is the most appropriate response to this patient?

A. ~~"Although you're refusing what is recommended, I respect your decision to decline treatment and will document it in your chart."~~ (1%)

✓ B. "Giving medication to a healthy baby may seem unusual and unnecessary; let's talk about why this treatment is recommended for all newborns." (78%)

C. "I'm not assuming you have a sexually transmitted infection, but in case you do, this treatment could prevent serious eye conditions." (5%)

D. "Refusing treatment puts your baby at risk for lifelong consequences from an otherwise preventable condition; let's discuss the potential risks of your decision." (9%)

E. "Sometimes people can have gonorrhea without obvious symptoms, which is why I'm required to give this medication to all newborns." (5%)

Correct

78%
Answered correctly

01 min, 13 secs
Time Spent

10/25/2020
Last Updated

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This patient is declining recommended treatment for her newborn based on the reasoning that she has not had a sexually transmitted infection (STI). This may reflect a lack of understanding that STIs may be asymptomatic and/or lack of knowledge that preventive treatment is recommended for all newborns. The patient should be counseled that prophylactic erythromycin is recommended for all newborns to prevent blindness from *Neisseria gonorrhoeae*.

As part of the process of **informed consent**, all necessary information about **indications** for treatment as well as **risks** and **benefits** of accepting and refusing treatment should be provided, and the patient should be encouraged to ask questions. Whenever a patient declines or is hesitant to accept treatment, the initial step is for the physician to **assess the patient's knowledge**, provide clarification when needed (as in this case), listen to concerns, and understand the specific reasons for the refusal. The process of obtaining informed consent should be conducted in a nonjudgmental and noncoercive way.

(Choices A and E) These statements automatically accept or reject the patient's decision without determining her level of understanding, providing needed clarification, and addressing concerns. Responding to treatment refusal should first involve assessing the patient's understanding of the indications, risks, and benefits of treatment.

(Choice C) The patient has already asserted that she does not have a sexually transmitted illness, and

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Responding to treatment refusal should first involve assessing the patient's understanding of the indications, risks, and benefits of treatment.

(Choice C) The patient has already asserted that she does not have a sexually transmitted illness, and further discussion on this point is likely to be perceived as condescending, which could undermine trust. Treatment is recommended for all newborns, regardless of the patient's history of being treated for an STI.

(Choice D) Although this statement makes a medically valid point, it blames the patient for a worst outcome. Using parental fear and guilt as a coercive tactic should be avoided.

Educational objective:

The process of informed consent involves discussing the indications, risks, and benefits of treatment. Assessing a patient's understanding of the discussion and responding to specific concerns or confusion is essential to obtaining valid consent.

References

- Informed consent—it's more than a signature on a piece of paper.
- Ocular prophylaxis for gonococcal ophthalmia neonatorum: updated evidence report and systematic review for the us preventive services task force.
- Parental refusal of vitamin K and neonatal preventive services: a need for surveillance.

https://t.me/USMLEWorldStep1
www.ncbi.nlm.nih.gov/pubmed/30694309

A 28-year-old woman comes to the office for a regularly scheduled prenatal appointment. Her pregnancy has been going well and the patient says that she is thrilled to be having a baby after trying to become pregnant for several years. She and her husband experienced considerable strain in their marriage as they went through multiple unsuccessful fertility treatments. During the visit, the physician orders some blood work and performs a 1-hour glucose challenge test. The patient becomes apprehensive when this is mentioned and begins to ask questions about the purpose of the testing. When asked about her concern, she confides that the fetus is not her husband's child. Her husband is also the physician's patient, and she asks the physician not to tell him about this because "it will ruin everything." Which of the following is the most appropriate response by the physician?

A. I am obligated to tell him as he is my patient and it is in his best interest to know.

B. I will not inform your husband, but please consider telling him the truth.

C. I will not tell him, but I am obligated to inform the biological father.

D. I will not tell him, but keeping this from your husband will have many negative effects.

E. I will not tell your husband.

https://t.me/USMLEWorldStep1

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has been going well and the patient says that she is thrilled to be having a baby after trying to become pregnant for several years. She and her husband experienced considerable strain in their marriage as they went through multiple unsuccessful fertility treatments. During the visit, the physician orders some blood work and performs a 1-hour glucose challenge test. The patient becomes apprehensive when this is mentioned and begins to ask questions about the purpose of the testing. When asked about her concern, she confides that the fetus is not her husband's child. Her husband is also the physician's patient, and she asks the physician not to tell him about this because "it will ruin everything." Which of the following is the most appropriate response by the physician?

A. I am obligated to tell him as he is my patient and it is in his best interest to know. (1%)

B. I will not inform your husband, but please consider telling him the truth. (35%)

C. I will not tell him, but I am obligated to inform the biological father. (2%)

D. I will not tell him, but keeping this from your husband will have many negative effects. (4%)

E. I will not tell your husband. (55%)

55% 10 secs 01/21/2021

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www.ncbi.nlm.nih.gov/pubmed/30694309

Physicians are ethically obligated to **respect patient autonomy** and **protect patient confidentiality**, keeping all personal health information private unless the patient gives specific consent to release the information. Maintaining patient confidentiality is essential to developing a trusting physician-patient relationship as patients would otherwise be less likely to share sensitive information, which could negatively impact their care. This is particularly critical for issues that might be stigmatizing, such as reproductive, sexual, substance use, and mental health concerns. Confidentiality assures that **private information not be disclosed** to family or employers without the patient's explicit consent. This patient's request not to inform her husband should be respected.

Exceptions to confidentiality include the following:

- Suspected child, disabled person, or elder abuse (reporting laws for spousal abuse vary by state)
- Knife or gunshot wounds
- Diagnosis of a reportable communicable disease
- Threats to harm self or others and reasonable ability to carry out the threat in the near future

(Choice A) The physician's primary duty is to protect the patient's confidentiality regardless of whether her husband is a patient or not. Imposing one's personal belief that it would be in the husband's best interest to

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www.ncbi.nlm.nih.gov/pubmed/30694309

(Choice A) The physician's primary duty is to protect the patient's confidentiality regardless of whether her husband is a patient or not. Imposing one's personal belief that it would be in the husband's best interest to know is inappropriate.

(Choices B and D) These statements could be considered directive and/or judgmental by the patient. The physician should be neutral with regard to the patient's decision and not force her into actions or a conversation with which she may be uncomfortable. It would be appropriate to inquire about the patient's concerns, specifically if there are any safety concerns.

(Choice C) The physician has no legal or ethical obligation to inform the biological father. Under current law, a father has no legal right to know that a child is his unless he is ordered to make child support payments.

Educational objective:
Patient confidentiality is strongly protected because patients must feel free to disclose details of all aspects of their lives so that physicians can provide optimal care. Exceptions to patient confidentiality include suspected child, disabled person, or elder abuse; knife or gunshot wounds; diagnosis of a reportable communicable disease; and patients at risk of physically harming themselves or others.

References

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www.ncbi.nlm.nih.gov/pubmed/30694309

A 35-year-old man is admitted to the hospital after sustaining multiple injuries in a motor vehicle accident. He undergoes surgery for an open fracture of the tibia and a spiral fracture of the humerus. The tibial repair is successful, but the surgeon operates on the wrong arm. Which of the following procedures would be most effective in preventing a similar error?

A. Confirm the correct site with the patient
B. Have the anesthesiologist and surgeon verify the surgical site together
C. Have the head nurse verify the surgical site
D. Have the nurse and surgeon verify the surgical site independently
E. Have the operating physician verify the surgical site

Submit

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www.ncbi.nlm.nih.gov/pubmed/30694309

A 35-year-old man is admitted to the hospital after sustaining multiple injuries in a motor vehicle accident. He undergoes surgery for an open fracture of the tibia and a spiral fracture of the humerus. The tibial repair is successful, but the surgeon operates on the wrong arm. Which of the following procedures would be most effective in preventing a similar error?

A. Confirm the correct site with the patient (21%)
B. Have the anesthesiologist and surgeon verify the surgical site together (12%)
C. Have the head nurse verify the surgical site (1%)
✓ D. Have the nurse and surgeon verify the surgical site independently (52%)
E. Have the operating physician verify the surgical site (11%)

Correct

52% Answered correctly

01 min, 29 secs Time Spent

12/31/2020 Last Updated

Explanation

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www.ncbi.nlm.nih.gov/pubmed/30694309

According to The Joint Commission's sentinel event statistics, wrong-site surgery is the most frequently reported serious adverse event. Emergency operations, failure to mark the surgical site, poor communication, and surgeon fatigue are contributing factors. As in this case, multiple procedures on the same patient and multiple surgeons will also increase the risk of operating at the wrong site. Therefore, a preoperative verification process is important to decrease this risk. In addition to marking the operative site, **independent verification** of the patient, procedure, and site by 2 health care workers (eg, a nurse and physician) should be performed. The "dual identifiers" must perform the verification independently because 2 clinicians verifying identifiers together can result in replicating an error. The Joint Commission recommends use of a "surgical timeout" immediately prior to the procedure in order to conduct a final verification of the patient, procedure, and site.

(Choice A) Although an awake and aware patient can participate in the verification process, this is not an adequate substitute for dual independent clinician identification.

(Choice B) Having these 2 clinicians verify the site together is not optimal as it increases the risk that they will replicate the error.

(Choices C and E) Two independent identifiers are preferred.

Educational objective:

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www.ncbi.nlm.nih.gov/pubmed/30694309

and physician) should be performed. The "dual identifiers" must perform the verification independently because 2 clinicians verifying identifiers together can result in replicating an error. The Joint Commission recommends use of a "surgical timeout" immediately prior to the procedure in order to conduct a final verification of the patient, procedure, and site.

(Choice A) Although an awake and aware patient can participate in the verification process, this is not an adequate substitute for dual independent clinician identification.

(Choice B) Having these 2 clinicians verify the site together is not optimal as it increases the risk that they will replicate the error.

(Choices C and E) Two independent identifiers are preferred.

Educational objective:

Risk of wrong-site surgery can be reduced by requiring "dual identifiers" (usually a nurse and physician) to independently confirm that they have the correct patient, site, and procedure. Checks must be truly independent to ensure patient safety.

References

- Using "near misses" analysis to prevent wrong-site surgery.

https://t.me/USMLEWorldStep1

www.ncbi.nlm.nih.gov/pubmed/30694309

A 72-year-old man is hospitalized for acute exacerbation of congestive heart failure. His other medical problems include hypertension, coronary artery disease, peripheral vascular disease, hypercholesterolemia, prostate cancer, and mild neurocognitive disorder. The patient is stabilized medically and discharged home to live with his daughter, who has supervised his medications in the past. A week later, he is rehospitalized with recurrent heart failure exacerbation. The patient thinks he took his medications appropriately since being discharged, but a pill count shows that he did not take the majority of his prescribed drugs. The daughter is contacted and says she organizes his pills daily and explains which medications he needs to take before leaving for work. Which of the following interventions would likely have prevented this outcome?

- A. Discharge checklist
- B. Involvement of a social worker in discharge planning
- C. Mini-mental state examination
- D. Patient education
- E. Simplification of medication dosing schedule

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hypercholesterolemia, prostate cancer, and mild neurocognitive disorder. The patient is stabilized medically and discharged home to live with his daughter, who has supervised his medications in the past. A week later, he is rehospitalized with recurrent heart failure exacerbation. The patient thinks he took his medications appropriately since being discharged, but a pill count shows that he did not take the majority of his prescribed drugs. The daughter is contacted and says she organizes his pills daily and explains which medications he needs to take before leaving for work. Which of the following interventions would likely have prevented this outcome?

- A. Discharge checklist (19%)
- ✓ B. Involvement of a social worker in discharge planning (28%)
- C. Mini-mental state examination (11%)
- D. Patient education (7%)
- E. Simplification of medication dosing schedule (32%)

Correct

28%
Answered correctly

55 secs
Time Spent

01/24/2021
Last Updated

https://t.me/USMLEWorldStep1

This patient's relapse and rehospitalization are most likely due to his poor medication adherence, which likely stems from cognitive impairment. Although his daughter has supervised his medications in the past, it is imperative that she be consulted prior to discharge to ensure that she is still willing and capable of doing so. During the hospitalization, a social worker can contact or meet with involved family members and assess whether there are any social factors affecting the patient's ability to return home. In this case, speaking with the daughter earlier may have allowed the health care team to identify a potential barrier to adherence (ie, the daughter's job) and develop an alternate strategy. Effective discharge planning entails interdisciplinary collaboration among the social worker, nurse, and physician. Issues to consider include the patient's cognitive status, activity and functional status, availability of family support, transportation to follow-up visits, potential safety issues in the home (eg, stairways), and ability to obtain and take medications. To be discharged home, a patient (with help from a family member or caregiver if necessary) should be able to take medications correctly, perform self-care, eat appropriately, and attend follow-up appointments.

(Choices A and D) A discharge checklist and patient education are important components of the discharge process and help facilitate the transition to outpatient care. However, this patient's ability to retain the information and follow a checklist is questionable due to his cognitive impairment.

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discharge process and help facilitate the transition to outpatient care. However, this patient's ability to retain the information and follow a checklist is questionable due to his cognitive impairment.

(Choice C) A mini-mental state examination is a 30-item assessment that provides a screening of cognitive function. It would not assist in determining functional status (ie, whether the patient can administer his own medication or requires supervision).

(Choice E) Simplifying the dosing schedule, when possible, can help improve medication adherence. However, this patient has a history of requiring supervision to take his medication, and it is more important to ensure that he will be adequately supervised on discharge.

Educational objective:

Effective discharge planning requires collaboration of multiple disciplines (physician, nurse, social worker). A social worker can be instrumental in assessing whether the patient has adequate family or caregiver support at home.

References

- Hospital discharge planning for frail older people and their family. Are we delivering best practice? A review of the evidence.

https://t.me/USMLEWorldStep1

www.ncbi.nlm.nih.gov/pubmed/19374695

A medical intern is working on the inpatient wards at a busy community hospital. During rounds, the team evaluates a new patient admitted for worsening congestive heart failure. The patient's past medical history includes atherosclerotic coronary artery disease, diabetes mellitus, and pulmonary hypertension. Current medications include metformin, aspirin, and enalapril. On previous admissions, the patient admitted to using cocaine recreationally with friends and admits to the intern that his last use was today. The attending physician asks the intern to start the patient on propranolol for his heart condition; he will be expected to continue this medication following hospital discharge. After rounds, the intern recalls that during medical school she learned that beta adrenergic antagonists can interact poorly with cocaine. Which of the following actions by the intern is most appropriate?

A. Administer the drug as the attending physician has likely considered the risks and benefits of a beta blocker in combination with cocaine

B. Discuss concerns with the nurses, ask for their input, and have them monitor the patient's vital signs when starting the medication

C. Discuss the risks and benefits of the medication with the patient and let him decide whether to take it

https://t.me/USMLEWorldStep1

medications include metformin, aspirin, and enalapril. On previous admissions, the patient admitted to using cocaine recreationally with friends and admits to the intern that his last use was today. The attending physician asks the intern to start the patient on propranolol for his heart condition; he will be expected to continue this medication following hospital discharge. After rounds, the intern recalls that during medical school she learned that beta adrenergic antagonists can interact poorly with cocaine. Which of the following actions by the intern is most appropriate?

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B. Discuss concerns with the nurses, ask for their input, and have them monitor the patient's vital signs when starting the medication

C. Discuss the risks and benefits of the medication with the patient and let him decide whether to take it

D. Do not order the medication as the most important principle in medicine is to "do no harm"

E. Do not order the medication until discussing concerns with the attending physician and asking how to proceed

https://t.me/USMLEWorldStep1

physician asks the intern to start the patient on propranolol for his heart condition; he will be expected to continue this medication following hospital discharge. After rounds, the intern recalls that during medical school she learned that beta adrenergic antagonists can interact poorly with cocaine. Which of the following actions by the intern is most appropriate?

A. Administer the drug as the attending physician has likely considered the risks and benefits of a beta blocker in combination with cocaine (0%)

B. Discuss concerns with the nurses, ask for their input, and have them monitor the patient's vital signs when starting the medication (0%)

C. Discuss the risks and benefits of the medication with the patient and let him decide whether to take it (0%)

D. Do not order the medication as the most important principle in medicine is to "do no harm" (1%)

✓ E. Do not order the medication until discussing concerns with the attending physician and asking how to proceed (96%)

Correct

96%
Answered correctly

01 min, 04 secs
Time Spent

02/05/2021
Last Updated

https://t.me/USMLEWorldStep1

Interns on a medical team should not blindly follow the orders of attending physicians or physicians who have more seniority. As part of the educational process, it is essential to **understand** the **clinical reasoning** behind **team members' decisions**. It is in the best interest of both the intern and the patient to resolve potential problems before proceeding. This concept applies to the relationship between residents and attending physicians, physicians working in parallel (eg, anesthesiologist and surgeon), and medical students and other medical staff. The best approach is to **respectfully discuss** the issue directly with the attending physician and **inquire why the decision was made**. In this case, the attending physician may feel that the cardioprotective benefit of a beta-adrenergic antagonist outweighs the potential risk of an interaction with cocaine.

(Choice A) It is unethical to blindly follow an order from an attending physician when there is concern about safety and patient care. The best course of action is to discuss the issue with the other physician and reach a consensus.

(Choice B) Although seasoned nurses will have acquired a considerable amount of medical knowledge, it is not their job to decide between the differing opinions of 2 physicians. In addition, administering a medication that could have an adverse reaction is problematic, even if vital signs are being monitored.

(Choice C) It is appropriate to explain the risks and benefits of the medication to the patient, who

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(Choice B) Although seasoned nurses will have acquired a considerable amount of medical knowledge, it is not their job to decide between the differing opinions of 2 physicians. In addition, administering a medication that could have an adverse reaction is problematic, even if vital signs are being monitored.

(Choice C) It is appropriate to explain the risks and benefits of the medication to the patient, who ultimately decides whether to take it. However, it is unprofessional to involve the patient before clarifying the rationale for the attending's recommendation.

(Choice D) It is unprofessional to refuse to follow the suggestions of an attending physician without first consulting him or her (if the attending is directly responsible for care of the patient, as in this case).

Educational objective:
Physicians are ethically obligated to question orders that raise concern about potential harm to patients. Issues should initially be discussed directly with the physician who made the order and not involve ancillary staff.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Professional conduct
Subject	System	Topic

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A 13-year-old boy is brought to the physician by his mother for a routine physical examination and follow-up of type 1 diabetes mellitus. The patient appears irritated, and his mother begins the visit by exclaiming, "Here's the doctor; he's going to tell you how badly you've been doing." Laboratory tests show a random blood glucose of 350 mg/dL and a hemoglobin A1c of 9% (normal: <6%-7%). When the physician asks the patient how he is doing with his insulin, the mother interrupts and shouts, "He never remembers to use it!" When the boy is asked about his diet, the mother puts her hands on her hips, glares at her son, and says, "Pizza, soda, and candy!" After acknowledging the mother's concerns regarding diabetic control, which of the following is the most appropriate course of action?

A. Ask the mother if she has any concerns about the patient's mood
B. Ask the patient if he agrees with his mother's responses
C. Ask the patient if he has felt irritable most days of the week
D. Explain to the mother that her critical tone may discourage the patient
E. Request to speak with the patient alone

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C. Ask the patient if he has felt irritable most days of the week
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E. Request to speak with the patient alone

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of type 1 diabetes mellitus. The patient appears irritated, and his mother begins the visit by exclaiming, "Here's the doctor; he's going to tell you how badly you've been doing." Laboratory tests show a random blood glucose of 350 mg/dL and a hemoglobin A1c of 9% (normal: <6%-7%). When the physician asks the patient how he is doing with his insulin, the mother interrupts and shouts, "He never remembers to use it!" When the boy is asked about his diet, the mother puts her hands on her hips, glares at her son, and says, "Pizza, soda, and candy!" After acknowledging the mother's concerns regarding diabetic control, which of the following is the most appropriate course of action?

A. Ask the mother if she has any concerns about the patient's mood (0%)
B. Ask the patient if he agrees with his mother's responses (7%)
C. Ask the patient if he has felt irritable most days of the week (1%)
D. Explain to the mother that her critical tone may discourage the patient (3%)
✓ E. Request to speak with the patient alone (87%)

Correct
87%
01 min, 04 secs
09/09/2020

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This patient's type 1 diabetes mellitus is poorly managed on his current treatment regimen, as indicated by a random blood glucose >200 mg/dL and hemoglobin A1c of 9.0%. The physician is confronted by an angry, critical parent who does not allow the patient to speak. Continuing the visit in the presence of the patient's mother will likely lead to unproductive conflict or the patient pacifying his mother by agreeing with her or allowing her to continue to speak for him **(Choice B)**.

The best course of action is to acknowledge the mother's concerns and politely ask her to wait outside while the physician speaks with the patient privately. This will allow the patient to be more open about his difficulty managing his diabetes and to discuss any personal concerns that may be having an impact. All **adolescent visits** should include an opportunity to **interview the patient alone** to discuss topics such as drugs, alcohol, tobacco, and sexual activity.

(Choices A and C) Although this patient appears irritable and assessing his mood further is important, this should be done with the patient alone, where he can openly describe how he is feeling without his mother present. Although asking the mother if she has concerns about her son's mood may provide additional information, it is unlikely to give an accurate picture of his mood given the mother's angry frustration with his behavior.

(Choice D) This statement is likely to be perceived as judgmental and to antagonize the mother, especially

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drugs, alcohol, tobacco, and sexual activity.

(Choices A and C) Although this patient appears irritable and assessing his mood further is important, this should be done with the patient alone, where he can openly describe how he is feeling without his mother present. Although asking the mother if she has concerns about her son's mood may provide additional information, it is unlikely to give an accurate picture of his mood given the mother's angry frustration with his behavior.

(Choice D) This statement is likely to be perceived as judgmental and to antagonize the mother, especially if it is delivered in front of the patient. A more productive approach is to speak with the patient privately and model appropriate behavior in joint discussions with the patient and mother.

Educational objective:

In situations in which a parent's presence may interfere with obtaining honest answers from an adolescent patient, physicians should politely ask the parent to wait outside and interview the patient privately. All adolescent visits should include an opportunity to interview the patient alone to discuss topics such as drugs, alcohol, tobacco, and sexual activity.

References

- Talking to adolescents about alcohol, drugs and sexuality.

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An 84-year-old woman is brought to the emergency department by her daughter after falling and hitting her head on the bathroom sink. Her medical conditions include hypertension and cerebrovascular accident with mild residual weakness on the left side. She lives with her daughter, who is her primary caregiver. As the physician interviews the patient, the daughter interrupts and answers all the questions while the patient remains quiet. The daughter describes concerns about worsening fecal incontinence and says, "I am constantly cleaning her up; it's exhausting." When the patient is asked directly how she feels, she replies, "I don't know," and defers to her daughter for a response. On physical examination, the patient appears sad and disheveled. There is a bruise on the left forehead, which the daughter attributes to the fall. Which of the following is the best next step in the care of this patient?

A. Interview the patient alone
B. Notify adult protective services
C. Order an occupational therapy assessment
D. Place a referral for home health care services
E. Recommend a caregiver support group for the daughter

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A. Interview the patient alone
B. Notify adult protective services
C. Order an occupational therapy assessment
D. Place a referral for home health care services
E. Recommend a caregiver support group for the daughter
F. Schedule frequent follow-up appointments with primary care provider

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the physician interviews the patient, the daughter interrupts and answers all the questions while the patient remains quiet. The daughter describes concerns about worsening fecal incontinence and says, "I am constantly cleaning her up; it's exhausting." When the patient is asked directly how she feels, she replies, "I don't know," and defers to her daughter for a response. On physical examination, the patient appears sad and disheveled. There is a bruise on the left forehead, which the daughter attributes to the fall. Which of the following is the best next step in the care of this patient?

- ✓ A. Interview the patient alone (86%)
- B. Notify adult protective services (10%)
- C. Order an occupational therapy assessment (0%)
- D. Place a referral for home health care services (1%)
- E. Recommend a caregiver support group for the daughter (0%)
- F. Schedule frequent follow-up appointments with primary care provider (0%)

Correct

86%
Answered correctly

01 min, 17 secs
Time Spent

02/12/2021
Last Updated

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Elder abuse, neglect, and exploitation (collectively, elder mistreatment) are very common in domestic and institutional settings. Health professionals who care for the elderly have a legal and ethical obligation to identify victims and intervene when mistreatment is suspected. Physicians should be alert for physical and psychological signs of elder mistreatment, such as bruises on unusual sites, evidence of neglect, and findings inconsistent with the history.

Interactions between the elderly patient and the caregiver should also be carefully observed, and if there is reason to suspect intimidation or mistreatment, the **patient** should be **interviewed alone**. Even cognitively impaired adults can frequently communicate useful information about their quality of care. Once the physician and patient are alone, the following 3 questions can serve as a brief screen for elder mistreatment:

1. Do you feel safe where you live?
2. Who prepares your meals?
3. Who handles your checkbook?

Based on physical examination and history that includes a one-on-one interview with the patient, a health care worker should **promptly report suspected elder mistreatment**.

(Choice B) Suspected elder mistreatment should be reported to adult protective services after careful

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Elder abuse, negl
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1. Do you feel sa
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Based on physical
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(Choice B) Suspe

Exhibit Display

Elder abuse	
Risk factors	• Female • Dementia, chronic mental illness • Functional impairments • Social isolation • Shared living environment • Poor socioeconomic status/financial stress
Manifestations of abuse	**Physical & sexual abuse** • Atypical abrasions, lacerations, contusions, fractures • Pain not consistent with reported etiology • Anogenital injuries • Newly acquired STI
	Psychological & verbal abuse • Change in behavior/personality • Depression/anxiety
	Neglect • Inadequate nutrition or hydration • Pressure injuries • Deterioration in comorbid conditions

New | Existing

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Exhibit Display

Elder abuse	
Risk factors	• Female • Dementia, chronic mental illness • Functional impairments • Social isolation • Shared living environment • Poor socioeconomic status/financial stress
Manifestations of abuse	**Physical & sexual abuse** • Atypical abrasions, lacerations, contusions, fractures • Pain not consistent with reported etiology • Anogenital injuries • Newly acquired STI
	Psychological & verbal abuse • Change in behavior/personality • Depression/anxiety
	Neglect • Inadequate nutrition or hydration

New | Existing

(Choice B) Suspected elder mistreatment should be reported to adult protective services after careful

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Exhibit Display

Manifestations of abuse	**Physical & sexual abuse** • Atypical abrasions, lacerations, contusions, fractures • Pain not consistent with reported etiology • Anogenital injuries • Newly acquired STI
	Psychological & verbal abuse • Change in behavior/personality • Depression/anxiety
	Neglect • Inadequate nutrition or hydration • Pressure injuries • Deterioration in comorbid conditions
	Financial exploitation • Failure to adhere to medication regimen • Multiple missed appointments • Unpaid expenses or rent payments

STI = sexually transmitted infection.

New | Existing

interviewing the patient alone) and a thorough physical examination. In this case, an attempt to interview

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Based on physical examination and history that includes a one-on-one interview with the patient, a health care worker should **promptly report suspected elder mistreatment**.

(Choice B) Suspected elder mistreatment should be reported to adult protective services after careful evaluation and documentation of findings that support mistreatment, including the history (which includes interviewing the patient alone) and a thorough physical examination. In this case, an attempt to interview the patient alone is the next step. Reporting would be warranted if the patient reports mistreatment or if the daughter refuses to allow the physician to speak privately with the patient.

(Choices C and D) Occupational therapists can help with safety evaluations to assess the physical environment of the home and provide recommendations for supporting patients in performing activities of daily living (eg, bathing, dressing). Home health care services work in the home to delay or prevent patients from having to move to another location for a higher level of care (eg, assisted living, nursing home). Although these services may be helpful for this patient, a careful evaluation for elder mistreatment takes priority.

(Choice E) Burnout is common in individuals caring for an aging family member, so a caregiver support group may be helpful for the patient's daughter; however, this recommendation would not take priority over assessing the patient's safety at home through a one-on-one interview.

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patients from having to move to another location for a higher level of care (eg, assisted living, nursing home). Although these services may be helpful for this patient, a careful evaluation for elder mistreatment takes priority.

(Choice E) Burnout is common in individuals caring for an aging family member, so a caregiver support group may be helpful for the patient's daughter; however, this recommendation would not take priority over assessing the patient's safety at home through a one-on-one interview.

(Choice F) Although more frequent follow-up may be indicated from a medical or cognitive standpoint, elder mistreatment must first be ruled out; follow-up appointments would not prevent ongoing mistreatment.

Educational objective:
Clinicians have a legal and ethical obligation to report elder abuse, neglect, and exploitation. If there is reason to suspect possible mistreatment, the patient should be interviewed alone to avoid intimidation by potential perpetrators.

References

- Elder abuse: systematic review and implications for practice.
- Diagnosis of elder abuse in U.S. emergency departments.

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An intern attends a local dinner party and recognizes a colleague who works at the same hospital in another department. During the course of the evening, she observes her colleague responding to a number of routine medical calls from the hospital and consuming several alcoholic drinks. Later that evening, the physician notices that her colleague is giving medication orders over the phone and appears grossly intoxicated with slurred speech. The physician confronts her colleague, asking him to transfer on-call responsibilities for the sake of patient care. He insists that he is fine, is not drunk, and that his duties end in 30 minutes anyway. Which of the following is the most appropriate course of action?

A. Contact the colleague's on-call supervisor to report the problem now
B. Do not intervene as the colleague has already been confronted and the shift ends soon
C. Do not intervene as there is no clear evidence of patient harm
D. Do not intervene as this is the first instance of witnessing impaired behavior
E. Report the incident to the hospital's physician health program
F. Report the physician to the state medical board

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another department. During the course of the evening, she observes her colleague responding to a number of routine medical calls from the hospital and consuming several alcoholic drinks. Later that evening, the physician notices that her colleague is giving medication orders over the phone and appears grossly intoxicated with slurred speech. The physician confronts her colleague, asking him to transfer on-call responsibilities for the sake of patient care. He insists that he is fine, is not drunk, and that his duties end in 30 minutes anyway. Which of the following is the most appropriate course of action?

- A. Contact the colleague's on-call supervisor to report the problem now (89%)
- B. Do not intervene as the colleague has already been confronted and the shift ends soon (0%)
- C. Do not intervene as there is no clear evidence of patient harm (0%)
- D. Do not intervene as this is the first instance of witnessing impaired behavior (0%)
- E. Report the incident to the hospital's physician health program (7%)
- F. Report the physician to the state medical board (2%)

Correct

89%
Answered correctly

01 min, 17 secs
Time Spent

12/11/2020
Last Updated

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Physicians are **ethically and legally obligated** to **report impaired colleagues** in a timely manner. This physician is in the uncomfortable position of knowing that a colleague is intoxicated while on duty. Although it is unclear whether this is a one-time occurrence or part of a pattern of more extensive impairment, the physician is obligated to intervene immediately because patient safety is at risk. The colleague's immediate supervisor should be informed so that the situation can be dealt with as quickly as possible.

Risks of not intervening include harm to patients and failure to obtain necessary evaluation and treatment for the physician, which can negatively impact his health, career, and family. Most hospitals and state medical boards have regulations requiring physicians to report impaired colleagues. This can usually be done anonymously. In a **non-emergency situation**, a person should **contact** the designated hospital committee, commonly called a **physician health program (Choice E)**. If this is not possible or such a body does not exist, then the **state licensing board** should be contacted **(Choice F)**. It is the committee or board's responsibility to systematically gather all the facts and arrange for a comprehensive assessment and intervention if necessary.

(Choice B) The physician confronted the colleague with no response, and harm can still be done to a patient in 30 minutes. A claim of confronting a colleague is not a substitute for reporting the incident.

(Choices C and D) Witnessing the physician's on-duty intoxicated behavior is sufficient reason to

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and intervention if necessary.

(Choice B) The physician confronted the colleague with no response, and harm can still be done to a patient in 30 minutes. A claim of confronting a colleague is not a substitute for reporting the incident.

(Choices C and D) Witnessing the physician's on-duty intoxicated behavior is sufficient reason to intervene as patient care may be in jeopardy. Whether there is direct evidence of harm or the physician has an established pattern of problem behavior is irrelevant.

Educational objective:
Physicians are ethically and legally obligated to report impaired colleagues in a timely manner. Reporting protects patient safety and can assist the impaired physician in receiving appropriate evaluation and treatment.

References

- Impaired physicians.
- Physicians' willingness to report impaired colleagues.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician misconduct
Subject	System	Topic

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A 70-year-old woman comes to the physician for a new patient visit. She reports intermittent headaches and poor sleep. During review of systems, she also describes a sensation of incomplete emptying of the bladder and constipation. The patient has a history of migraines and chronic insomnia. Her other medical problems include hypercholesterolemia and osteoarthritis. Her medications include amitriptyline prescribed for migraines, simvastatin, diclofenac, and over-the-counter diphenhydramine for insomnia. Which of the following is the most appropriate next step in management of this patient?

A. Add topiramate for additional migraine prophylaxis
B. Add zolpidem to treat insomnia
C. Cystography
D. Discontinue diphenhydramine
E. Head CT scan
F. Increase dose of amitriptyline

Submit

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A 70-year-old woman comes to the physician for a new patient visit. She reports intermittent headaches and poor sleep. During review of systems, she also describes a sensation of incomplete emptying of the bladder and constipation. The patient has a history of migraines and chronic insomnia. Her other medical problems include hypercholesterolemia and osteoarthritis. Her medications include amitriptyline prescribed for migraines, simvastatin, diclofenac, and over-the-counter diphenhydramine for insomnia. Which of the following is the most appropriate next step in management of this patient?

A. Add topiramate for additional migraine prophylaxis (1%)
B. Add zolpidem to treat insomnia (4%)
C. Cystography (6%)
D. Discontinue diphenhydramine (74%)
E. Head CT scan (10%)
F. Increase dose of amitriptyline (1%)

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New patient visits should always include a thorough review of current medications (including over-the-counter medications) to determine if any are inappropriate and/or causing adverse effects or problematic drug-drug interactions. The risk of adverse drug events increases with the number of medications, and minimizing the use of non-essential medications can reduce the risk of an adverse event. This patient is likely experiencing anticholinergic side effects (ie, urinary retention, constipation) due to the combined anticholinergic effects of amitriptyline and diphenhydramine. Anticholinergic side effects are particularly common in older adults and can also include impaired memory, confusion, hallucinations, dry mouth, blurry vision, impaired sweating, tachycardia, and increased risk for falls. Physicians should prioritize discontinuing unnecessary medications prior to pursuing further workup or adding additional medications for chronic problems. In this case, diphenhydramine should be discontinued as it is highly anticholinergic and has not helped with the patient's chronic insomnia.

(Choice A) Although topiramate can be considered for migraine prevention, discontinuing unnecessary medication that is causing adverse effects takes priority.

(Choice B) Zolpidem is a pharmacological treatment option for insomnia but should not be added to the patient's regimen as it has adverse effects in older adults, including increased risk of falls and confusion.

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(Choice B) Zolpidem is a pharmacological treatment option for insomnia but should not be added to the patient's regimen as it has adverse effects in older adults, including increased risk of falls and confusion. Non-pharmacological strategies (eg, cognitive behavioral therapy) are preferred for initial management of primary insomnia in older adults.

(Choices C and E) Cystography is not indicated as this patient's urinary retention is more likely due to anticholinergic side effects. A head CT scan would be extremely low yield in this patient with chronic headaches.

(Choice F) Increasing the dose of amitriptyline would likely exacerbate the patient's anticholinergic side effects.

Educational objective:

Review of medications to determine if any are unnecessary or causing adverse effects is essential in providing high-quality patient care. The cumulative anticholinergic burden of multiple medications is especially problematic in the elderly.

References

- Minimizing inappropriate medications in older populations: a 10-step conceptual framework.

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A 62-year-old man is referred to a cardiology clinic at a local teaching hospital that serves as the tertiary care center for the surrounding area. The patient suffered a myocardial infarction 2 months ago, and has been sent by his primary physician for management of his blood pressure. While reviewing his medical record, the physician finds that the patient's hypertension has been treated only with verapamil. The patient also takes a daily 81-mg aspirin tablet and a statin. His high-density lipoprotein and low-density lipoprotein levels are within the desired range. The cardiologist is surprised that the primary physician had not placed him on a beta-blocker and/or angiotensin-converting enzyme inhibitor for control of his blood pressure given his history of myocardial infarction. Which of the following is the most appropriate statement to make to the patient?

A. "It is a good thing you came to us when you did. I am concerned that your blood pressure is not being managed appropriately."

B. "Sometimes rural physicians aren't able to keep up with the latest medical research, so it's understandable that we need to make some adjustments to your current medications."

C. "Your primary physician has you taking the wrong blood pressure medications, but we can make some changes now to try and prevent another heart attack."

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lipoprotein levels are within the desired range. The cardiologist is surprised that the primary physician had not placed him on a beta-blocker and/or angiotensin-converting enzyme inhibitor for control of his blood pressure given his history of myocardial infarction. Which of the following is the most appropriate statement to make to the patient?

A. "It is a good thing you came to us when you did. I am concerned that your blood pressure is not being managed appropriately."

B. "Sometimes rural physicians aren't able to keep up with the latest medical research, so it's understandable that we need to make some adjustments to your current medications."

C. "Your primary physician has you taking the wrong blood pressure medications, but we can make some changes now to try and prevent another heart attack."

D. "Your primary physician sent you to me because he is concerned about your blood pressure given your previous heart attacks. Let's see what we can do to optimize your current treatment."

E. "Your primary physician has done a great job managing your other risk factors, but I have no idea why he failed to put you on the appropriate blood pressure medications."

Submit

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lipoprotein levels are within the desired range. The cardiologist is surprised that the primary physician had not placed him on a beta-blocker and/or angiotensin-converting enzyme inhibitor for control of his blood pressure given his history of myocardial infarction. Which of the following is the most appropriate statement to make to the patient?

A. ~~"It is a good thing you came to us when you did. I am concerned that your blood pressure is not being managed appropriately."~~ (2%)

B. ~~"Sometimes rural physicians aren't able to keep up with the latest medical research, so it's understandable we need to make some adjustments to your current medications."~~ (0%)

C. ~~"Your primary physician has you taking the wrong blood pressure medications, but we can make some changes now to try and prevent another heart attack."~~ (0%)

✓ D. "Your primary physician sent you to me because he is concerned about your blood pressure given your previous heart attacks. Let's see what we can do to optimize your current treatment." (95%)

E. "Your primary physician has done a great job managing your other risk factors, but I have no idea why he failed to put you on the appropriate blood pressure medications." (0%)

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The primary physician has instituted proper cholesterol and antiplatelet therapy and has referred the patient for more specialized care of his hypertension. For unclear reasons, the primary physician placed the patient on a calcium channel blocker for his hypertension despite the evidence that beta-blockers and angiotensin-converting enzyme (ACE) inhibitors help improve outcomes after myocardial infarction. Calcium channel blockers (eg, verapamil) are potent and effective anti-hypertensives with anti-anginal properties, but they do not provide an additional mortality benefit for patients with myocardial infarction.

Although the primary physician has not used a beta-blocker or ACE inhibitor, this physician has administered an acceptable medication that is within the standard of care for individuals with hypertension. Furthermore, the primary physician is seeking specialist assistance in managing the patient's hypertension, which implies that the physician cares about optimizing this patient's management. In situations in which one physician disagrees with another's practices (but that physician's practices are within the standard of care), it is inappropriate and unprofessional to undermine that physician's judgment during discussions with the patient.

(Choices A, B, C, and E) These choices could undermine the patient's confidence in his primary physician, damaging the doctor-patient relationship. The best way to handle this situation is to privately discuss the patient with the referring physician to understand the reasons for past treatment decisions and explain the reasoning behind the suggested changes in management. The primary physician's actions

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one physician disagrees with another's practices (but that physician's practices are within the standard of care), it is inappropriate and unprofessional to undermine that physician's judgment during discussions with the patient.

(Choices A, B, C, and E) These choices could undermine the patient's confidence in his primary physician, damaging the doctor-patient relationship. The best way to handle this situation is to privately discuss the patient with the referring physician to understand the reasons for past treatment decisions and explain the reasoning behind the suggested changes in management. The primary physician's actions should be criticized in front of the patient only if the physician has been grossly negligent or provided treatment well outside of the acceptable standard of care.

Educational objective:

When treating patients who have been referred for specialty care or a second opinion, it is imperative to not undermine the patient's relationship with the primary physician. A physician should avoid making negative comments about the quality of care rendered by that practitioner unless practices are imminently dangerous or far outside acceptable standards of care.

References

- Beta-blocker underuse in secondary prevention of myocardial infarction.

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www.ncbi.nlm.nih.gov/pubmed/14742768

A 39-year-old disheveled homeless woman walks into the emergency department complaining of abdominal pain. The woman smells strongly of alcohol and seems disoriented. She describes the abdominal pain as "real bad" but cannot specify when the pain first started, where it is localized, or what factors exacerbate or relieve the pain. She then adds that she does not have health insurance and has no money to pay for her care. What is the next best step in handling this situation?

A. Inform patient that she cannot receive care unless she pays in advance
B. Ask patient's family members to either assume liability for her bill or take her home
C. Provide appropriate medical screening exam and stabilize her condition
D. Transfer patient to the county hospital by ambulance immediately
E. Refer patient to a local free clinic for follow up next week

Submit

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A. Inform patient that she cannot receive care unless she pays in advance (0%)
B. Ask patient's family members to either assume liability for her bill or take her home (0%)
C. Provide appropriate medical screening exam and stabilize her condition (98%)
D. Transfer patient to the county hospital by ambulance immediately (0%)
E. Refer patient to a local free clinic for follow up next week (0%)

Correct

98% Answered correctly

44 secs Time Spent

10/13/2020 Last Updated

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Congress enacted The Emergency Medical Treatment and Active Labor Act (EMTALA) in 1986. This law was designed to prevent hospitals from inappropriately transferring, discharging, or refusing to treat indigent patients, and allows for strict fines to be levied on any hospital found in violation of the Act. EMTALA imposes three primary requirements on hospitals that provide emergency services. First, the hospital must provide an appropriate screening medical exam to anyone who comes to the ED seeking medical care **(Choice C)**. Second, if such an individual has an emergency medical condition, the hospital must treat and stabilize the emergency condition. Third, the hospital must not transfer an individual with an emergency medical condition that has not been stabilized unless several complex conditions are met.

Refusing care without advance payment from the patient **(Choice A)** or from her family members **(Choice B)** is in violation of EMTALA and therefore incorrect.

An appropriate medical screening exam and stabilization should be done before transferring the patient to any other facility **(Choice D)**. Moreover, any such transfers must be arranged in compliance with EMTALA.

Referring the patient to a free clinic **(Choice E)** is also in violation of EMTALA. It is possible that this patient is quite ill and in need of urgent medical care. To postpone evaluation until next week could endanger her life.

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Refusing care without advance payment from the patient **(Choice A)** or from her family members **(Choice B)** is in violation of EMTALA and therefore incorrect.

An appropriate medical screening exam and stabilization should be done before transferring the patient to any other facility **(Choice D)**. Moreover, any such transfers must be arranged in compliance with EMTALA.

Referring the patient to a free clinic **(Choice E)** is also in violation of EMTALA. It is possible that this patient is quite ill and in need of urgent medical care. To postpone evaluation until next week could endanger her life.

Educational objective:

The Emergency Medical Treatment and Active Labor Act (EMTALA) was enacted by Congress to prevent hospitals from inappropriately transferring, discharging, or refusing to treat indigent patients. All patients who present to the emergency department must receive an appropriate screening medical exam and stabilization of their condition, regardless of ability to pay.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Beneficence
Subject	System	Topic

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A 55-year-old woman with advanced metastatic breast cancer comes to the emergency department for evaluation of dyspnea and tachycardia. The resident evaluates the patient and orders an echocardiogram, which confirms the presence of a pericardial effusion. The surgery team is consulted, and the surgical attending informs the patient that a pericardiocentesis is necessary. The attending surgeon then receives an urgent page and asks the resident to obtain informed consent for the procedure. The surgery resident has neither observed nor performed a pericardiocentesis but has recently read an article about malignant pericardial effusions. Which of the following is the most appropriate course of action by the resident?

A. Ask an attending in the emergency department to assist with the informed consent discussion

B. Ask the attending surgeon to obtain informed consent for the procedure

C. Give the patient time to carefully read the consent form and return with a witness to obtain her signature

D. Obtain the patient's signature and assure her the surgeon can answer questions before the procedure

E. Research the procedure thoroughly and then obtain informed consent for the procedure

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evaluation of dyspnea and tachycardia. The resident evaluates the patient and orders an echocardiogram, which confirms the presence of a pericardial effusion. The surgery team is consulted, and the surgical attending informs the patient that a pericardiocentesis is necessary. The attending surgeon then receives an urgent page and asks the resident to obtain informed consent for the procedure. The surgery resident has neither observed nor performed a pericardiocentesis but has recently read an article about malignant pericardial effusions. Which of the following is the most appropriate course of action by the resident?

A. Ask an attending in the emergency department to assist with the informed consent discussion (25%)

✓ B. Ask the attending surgeon to obtain informed consent for the procedure (58%)

C. Give the patient time to carefully read the consent form and return with a witness to obtain her signature (3%)

D. Obtain the patient's signature and assure her the surgeon can answer questions before the procedure (2%)

E. Research the procedure thoroughly and then obtain informed consent for the procedure (11%)

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Obtaining informed consent for treatment	
Participating parties	• Competent adult or surrogate decision-maker • Treating physician or team member*
Description of procedure	• Condition being treated • Proposed treatment • Alternate treatments (if any)
Risk/benefit discussion	• Expected benefits of treatment • Significant risks & potential complications • Risk of untreated condition
Conclusion	• Assessment of patient understanding • Questions answered to patient's satisfaction • Patient consent to proceed • Patient may withdraw consent

* In some jurisdictions, consent may be obtained only by the attending physician.

Informed consent (IC) is a process in which a patient agrees to medical treatment based on an adequate

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* In some jurisdictions, consent may be obtained only by the attending physician.

Informed consent (IC) is a process in which a patient agrees to medical treatment based on an adequate understanding of the pertinent facts. The basic elements include:

- Explanation of the **medical condition**
- Description of the **recommended treatment** (and alternate treatment options)
- Discussion of the **risks and benefits** of treatment
- Opportunity for the patient to ask **questions**

IC is best obtained by the attending physician performing the procedure, who can most adequately explain the procedure in detail and answer any questions. In some jurisdictions, IC may be delegated to another physician or mid-level provider (eg, physician assistant) on the care team; however, the team member must also have a **thorough understanding of the procedure**.

Because of lack of experience with this particular procedure, the resident is not qualified to obtain IC. The resident should therefore ask the attending to return to obtain IC.

(Choice A) The emergency department attending will not have responsibility for performing the procedure and therefore cannot obtain IC.

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(Choice C) Patients must be given adequate time to read a consent form but this is not an appropriate replacement for a direct conversation with the physician. Although some institutions require a witness to be present during signing, this does not otherwise alter the obligations for IC.

(Choice D) Patients may ask additional questions regarding treatment after giving consent and may withdraw consent at any time. However, the patient should not sign an IC document prior to an adequate discussion.

(Choice E) While awaiting the attending's return, the resident may obtain additional information to educate the patient. However, reading third-party references without having a thorough understanding of, and experience with, a particular procedure is not adequate to obtain IC, especially for a high-risk procedure (eg, pericardiocentesis).

Educational objective:
Informed consent (IC) should be obtained by the attending physician performing the procedure, who can best explain the procedure and answer any questions. If IC is delegated to another provider on the care team, the team member must thoroughly understand the procedure and be able to answer the patient's questions.

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A 78-year-old man with end-stage esophageal cancer is admitted to the hospital with severe malnutrition and failure to thrive. The patient's caretaker says that he has not been able to eat or drink for the last 3 weeks. His weight dropped from 72.6 kg (160 lb) to 63.5 kg (140 lb) during that time. The cancer has spread to his lungs and liver. The patient does not wish to receive any further treatment for the cancer and specifies that he wants no heroic measures or interventions to keep him alive. His physician considers referral to hospice care. Which of the following is a requirement for referring a patient for hospice care?

A. Patient has a diagnosis of end-stage cancer
B. Patient has a do-not-resuscitate order
C. Patient has decision-making capacity
D. Patient has a prognosis of ≤6 months
E. Patient has a prognosis of ≤3 months

Submit

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A 78-year-old man with end-stage esophageal cancer is admitted to the hospital with severe malnutrition and failure to thrive. The patient's caretaker says that he has not been able to eat or drink for the last 3 weeks. His weight dropped from 72.6 kg (160 lb) to 63.5 kg (140 lb) during that time. The cancer has spread to his lungs and liver. The patient does not wish to receive any further treatment for the cancer and specifies that he wants no heroic measures or interventions to keep him alive. His physician considers referral to hospice care. Which of the following is a requirement for referring a patient for hospice care?

A. Patient has a diagnosis of end-stage cancer (10%)
B. Patient has a do-not-resuscitate order (11%)
C. Patient has decision-making capacity (10%)
✓ D. Patient has a prognosis of ≤6 months (54%)
E. Patient has a prognosis of ≤3 months (12%)

Correct

54% Answered correctly

50 secs Time Spent

11/27/2020 Last Updated

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Hospice model

- Focus on quality of life, not cure or life prolongation
- Symptom control (pain, nausea, dyspnea, agitation, anxiety, depression)
- Interdisciplinary team (medical, nursing, psychosocial, spiritual, bereavement care)
- Services provided at home, assisted living facility, or dedicated facility
- Requires survival **prognosis of ≤6 months**

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Hospice care is usually provided to terminally ill patients with **a prognosis of ≤6 months**, when aggressive, curative treatments are no longer beneficial or desired. The largest population receiving hospice care consists of cancer patients, but also includes those with other terminal medical conditions (eg, end-stage cardiomyopathy, end-stage chronic obstructive pulmonary disease, pulmonary fibrosis). The physician must substantiate a prognosis of ≤6 months with documentation of **irreversible decline** in **clinical and functional status**.

Hospice care is based on the principle of providing **compassionate care** that focuses on **comfort and quality of life**. It is provided by a multidisciplinary team that includes nurses, social workers, chaplains, and a hospice physician who closely coordinates with the patient's attending physician. It can be provided

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Hospice care is based on the principle of providing **compassionate care** that focuses on **comfort and quality of life**. It is provided by a multidisciplinary team that includes nurses, social workers, chaplains, and a hospice physician who closely coordinates with the patient's attending physician. It can be provided in the patient's own home (home hospice care), a nursing home, or dedicated hospice facility. Hospice services include comfort measures (eg, control of pain and dyspnea) and psychological, spiritual, and bereavement counseling for patients and families.

(Choices A and E) Hospice care is appropriate for patients with any terminal illness provided they have a prognosis of ≤6 months.

(Choice B) Although most patients in hospice care have directives to decline heroic life-sustaining measures, a do-not-resuscitate order is not a prerequisite for receiving hospice services.

(Choice C) Patients who still possess decision-making capacity should participate in decisions regarding hospice care. However, advance directives or surrogate decision makers may handle issues related to hospice care for patients who lack capacity.

Educational objective:
Patients with advanced metastatic cancers or other terminal illnesses and a life expectancy of ≤6 months should be evaluated for hospice care.

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Item 1 of 2

An 82-year-old man with a history of advanced Alzheimer dementia is brought to the hospital by his daughter, who is his power of attorney and caregiver. She says that her father is increasingly confused and verbally aggressive. He is admitted to the hospital and found to have a urinary tract infection. Intravenous antibiotics are initiated and he appears less disoriented and agitated but remains unable to recall nursing instructions throughout the day and is fairly nonverbal. Three days into his treatment, the antibiotic order expires and is missed by the physician, nurses, and pharmacy staff. The patient receives no medication for 2 days before the error is noted and corrected. There are no consequences to this error other than extension of his hospital stay by 2 days. Which of the following is the most appropriate course of action?

A. Do not disclose the error as the patient was not harmed

B. Do not disclose the error but arrange for the hospital to not charge for the extra days

C. Inform the daughter and disclose the error with an apology

D. Inform the patient and disclose the error with an apology

E. Say nothing until the incident is discussed with nursing and pharmacy staff

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daughter, who is his power of attorney and caregiver. She says that her father is increasingly confused and verbally aggressive. He is admitted to the hospital and found to have a urinary tract infection. Intravenous antibiotics are initiated and he appears less disoriented and agitated but remains unable to recall nursing instructions throughout the day and is fairly nonverbal. Three days into his treatment, the antibiotic order expires and is missed by the physician, nurses, and pharmacy staff. The patient receives no medication for 2 days before the error is noted and corrected. There are no consequences to this error other than extension of his hospital stay by 2 days. Which of the following is the most appropriate course of action?

A. Do not disclose the error as the patient was not harmed (0%)

B. Do not disclose the error but arrange for the hospital to not charge for the extra days (0%)

✓ C. Inform the daughter and disclose the error with an apology (88%)

D. Inform the patient and disclose the error with an apology (8%)

E. Say nothing until the incident is discussed with nursing and pharmacy staff (2%)

Correct

88%

01 min, 07 secs

09/13/2020

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Medication errors play a major role in patient morbidity and mortality, particularly in the hospital setting. These errors may be caused by health care professionals (eg, errors in entering medication, failure to renew medication), factors related to the medication (eg, similar names, narrow therapeutic window), and factors related to the patient (eg, poor renal function, polypharmacy). Quality improvement measures such as checklists or medication reconciliation attempt to minimize these preventable errors.

It is often challenging for physicians to disclose when medication errors have occurred, particularly when no serious harm has come to the patient. Reasons for this reluctance may include fear of litigation or loss of patient trust and confidence. However, full disclosure of medical errors should occur in a timely manner and has been associated with a neutral-to-positive effect on patient response and the physician-patient relationship. When an error is noted, **disclosure should be provided in person, in a timely manner that includes an apology for what occurred**. Because this patient's altered mental status and advanced dementia prevent him from being able to understand what occurred, it would be more appropriate for the physician to disclose the error to his daughter **(Choice D)**.

(Choice A) Although the patient was not harmed physically, extra days in the hospital certainly expose him to greater financial risk and to hospital-acquired infection. It would not be advisable to withhold this information.

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(Choice A) Although the patient was not harmed physically, extra days in the hospital certainly expose him to greater financial risk and to hospital-acquired infection. It would not be advisable to withhold this information.

(Choice B) Although having the hospital revoke charges for the extra days would be appropriate, this does not substitute for disclosure and apology for the error.

(Choice E) Waiting to discuss the incident with pharmacy and nursing staff would be the first step if there is doubt about whether a medication error occurred. However, in this case, it is clear that the medication error did occur, making the best next step disclosure and apology for the event.

Educational objective:
Physicians should disclose medication errors and provide an apology in a timely fashion regardless of whether harm has occurred.

References

- Medication errors: an overview for clinicians.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Veracity
Subject	System	Topic

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Item 2 of 2

Over the next several months, there are more cases in which expired medications fail to be renewed. Finally, a patient on intravenous dobutamine for decompensated heart failure does not receive the medication for 6 hours and experiences worsening of her condition, with resulting hypotensive shock. Hospital administration convenes a committee to address this incident. Which of the following is the most appropriate next step in addressing this problem?

A. Create an alert system in the electronic medical record to notify physicians when orders expire

B. Have a second pharmacist double-check expired orders

C. Increase the hospital's risk management staffing

D. Interview pharmacy, nursing, and medical staff on the units where this occurred

E. Interview the patients who experienced adverse outcomes from these medication errors

Submit

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Item 2 of 2

Over the next several months, there are more cases in which expired medications fail to be renewed. Finally, a patient on intravenous dobutamine for decompensated heart failure does not receive the medication for 6 hours and experiences worsening of her condition, with resulting hypotensive shock. Hospital administration convenes a committee to address this incident. Which of the following is the most appropriate next step in addressing this problem?

- ✗ A. Create an alert system in the electronic medical record to notify physicians when orders expire (33%)
- B. ~~Have a second pharmacist double-check expired orders~~ (5%)
- C. ~~Increase the hospital's risk management staffing~~ (1%)
- ✓ D. Interview pharmacy, nursing, and medical staff on the units where this occurred (57%)
- E. ~~Interview the patients who experienced adverse outcomes from these medication errors~~ (1%)

Incorrect

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Addressing medication errors promptly is important in solving recurrent problems and preventing further harm to patients. The first step of the committee should be to conduct a step-by-step analysis of what occurred and why. Typically, the best approach is to employ a **root cause analysis**, which aims to identify what, how, and why an undesirable outcome occurred.

The first step in a root cause analysis involves collecting data to obtain complete information about the event or events. This involves interviewing multiple staff members involved to understand why and how the adverse outcomes occurred. For example, interviews may uncover root causes such as understaffing in the pharmacy stemming from budget cuts or a hostile hierarchical culture that led nursing staff to be reluctant to point out problems to the medical staff. Only when investigators determine why an event occurred can they recommend specific corrective measures to prevent future occurrences **(Choices A and B)**.

(Choice C) Increasing the hospital's risk management staffing may improve its ability to handle potential lawsuits but would not directly address the recurrent issue of not recognizing expired medication orders.

(Choice E) Although interviewing the patients involved can sometimes yield information about the course of events, this is not typically a key step in conducting a root cause analysis. The most important step is

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the pharmacy stemming from budget cuts or a hostile hierarchical culture that led nursing staff to be reluctant to point out problems to the medical staff. Only when investigators determine why an event occurred can they recommend specific corrective measures to prevent future occurrences **(Choices A and B)**.

(Choice C) Increasing the hospital's risk management staffing may improve its ability to handle potential lawsuits but would not directly address the recurrent issue of not recognizing expired medication orders.

(Choice E) Although interviewing the patients involved can sometimes yield information about the course of events, this is not typically a key step in conducting a root cause analysis. The most important step is interviewing staff members on the units where these incidents occurred.

Educational objective:
Root cause analysis is a quality improvement measure that identifies what, how, and why a preventable adverse outcome occurred. The first step involves collecting data mainly through interviewing multiple individuals involved in the steps leading to the outcome.

References

- Medication errors: an overview for clinicians.

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www.ncbi.nlm.nih.gov/pubmed/24981217

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A 49-year-old woman is transferred from a community hospital to a tertiary care center for management of an acute exacerbation of chronic obstructive pulmonary disease. The patient receives care overnight from a hospitalist, who transfers care to the teaching service in the morning. The medical team now responsible for the patient meets with her for the first time during morning rounds. The attending physician introduces the team and explains that the patient will be interviewed by the intern. The patient then addresses the intern by his first name and mentions, "You remind me so much of my son. He's very smart and looks a lot like you." Which of the following actions by the intern would be most appropriate to begin the interview?

A. Address the patient by her first name and ask about current symptoms

B. Address the patient by her first name and ask if she is comfortable with that

C. Address the patient by her surname and ask about current symptoms

D. Greet the patient and inquire about her preferred form of address

E. Politely ask the patient to use the title of doctor and then inquire about current symptoms

Submit

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A. Address the patient by her first name and ask about current symptoms (0%)

B. Address the patient by her first name and ask if she is comfortable with that (2%)

C. Address the patient by her surname and ask about current symptoms (14%)

✓ D. Greet the patient and inquire about her preferred form of address (75%)

E. Politely ask the patient to use the title of doctor and then inquire about current symptoms (6%)

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Building a therapeutic physician-patient relationship requires finding an optimal balance between friendliness and professionalism. First impressions are important, and **initial encounters** with new patients often set the tone for the ensuing relationship. Using the patient's **preferred form of address** can help build rapport. Clarifying any uncertainties about pronunciation, titles, or pronouns is important as well. Although younger adults often prefer being called by first name, older patients may take offense at what they consider undue familiarity. When in doubt, the physician should ask patients their preferred form of address.

As familiarity develops between the physician and patient, many patients will prefer to be addressed by first name. However, it should be the patient, not the physician, who takes the lead in lowering the level of formality. It is better to ask the patient's preference in an open-ended manner rather than make assumptions.

(Choices A and B) Although the patient has addressed the intern by his first name, it is still inappropriate to assume that she wants to be addressed by her first name. The patient's preferred form of address should be clarified first.

(Choice C) This patient has expressed positive feelings toward the intern because he reminds her of her

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(Choices A and B) Although the patient has addressed the intern by his first name, it is still inappropriate to assume that she wants to be addressed by her first name. The patient's preferred form of address should be clarified first.

(Choice C) This patient has expressed positive feelings toward the intern because he reminds her of her son. Using her surname without clarifying if that is her preference shifts the tone of the interaction and may be perceived as overly formal and distant. Asking her preferred form of address would be best.

(Choice E) Initiating an interview by instructing or correcting the patient in front of the medical team, no matter how gently or politely, may embarrass the patient and result in deterioration of rapport.

Educational objective:
Initial encounters with new patients often set the tone for the physician-patient relationship. When in doubt about how to address patients, the physician should ask them their preferred form of address.

References

- Building trust and rapport early in the new doctor-patient relationship: a longitudinal qualitative study.
- Medical communication: the views of simulated patients.

Behavioral science Social Sciences (Ethics/Legal/Professional) Physician-patient communication

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A 52-year-old woman comes to the clinic to discuss the results of a recent abdominal CT scan. The patient says, "I hope the scan can tell me why I've been losing so much weight. What does it show?" The physician shares that the imaging is suggestive of pancreatic cancer. Upon hearing this, the patient begins to cry while holding her head in her hands. Which of the following is the most appropriate response by the physician?

A. "I know this isn't the news you wanted to hear. Let's talk about the results in a bit more detail."

B. "I wish I had better news to share with you. I imagine this is very upsetting to hear."

C. "It's easy to feel lonely and isolated with news like this. Tell me about the people who support you during difficult times."

D. "This must feel very shocking and unexpected. Fortunately, there have been some advances in treatment recently."

E. "This news would be upsetting to anyone. Let's set up an appointment to discuss the next steps in a few days."

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A 52-year-old woman comes to the clinic to discuss the results of a recent abdominal CT scan. The patient says, "I hope the scan can tell me why I've been losing so much weight. What does it show?" The physician shares that the imaging is suggestive of pancreatic cancer. Upon hearing this, the patient begins to cry while holding her head in her hands. Which of the following is the most appropriate response by the physician?

A. ~~"I know this isn't the news you wanted to hear. Let's talk about the results in a bit more detail."~~ (11%)

✓ B. "I wish I had better news to share with you. I imagine this is very upsetting to hear." (53%)

C. ~~"It's easy to feel lonely and isolated with news like this. Tell me about the people who support you during difficult times."~~ (19%)

D. ~~"This must feel very shocking and unexpected. Fortunately, there have been some advances in treatment recently."~~ (5%)

E. "This news would be upsetting to anyone. Let's set up an appointment to discuss the next steps in a few days." (9%)

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SPIKES protocol for delivering serious news	
Set the stage	• Arrange for a private, comfortable setting • Introduce patient/family & team members • Maintain eye contact & sit at the same level • Schedule appropriate time interval & minimize interruptions
Perception	• Use open-ended questions to assess the patient's/family's perception of the medical situation
Invitation	• Ask patient/family how much information they would like to know • Remain cognizant of cultural, educational & religious issues
Knowledge	• Warn the patient/family that serious news is coming • Speak in simple & straightforward terms • Stop & check for understanding
Empathy	• Express understanding & give support when responding to emotions
Summary &	• Summarize & create follow-through plan, including end-of-life discussions if

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Empathy	• Express understanding & give support when responding to emotions
Summary & strategy	• Summarize & create follow-through plan, including end-of-life discussions if applicable

In this case, the physician has just delivered serious news and must respond sensitively to a crying patient. The most appropriate response is to **acknowledge** the patient's **distress**, express empathy, and allow the patient **time to process** the news. The patient should be allowed to cry without redirection of the conversation or assumption about how much information she wants to know at this point. Once the patient is able to converse, the physician can gently explore her feelings and respond to any questions, allowing the patient to take the lead in the discussion (eg, ask the patient how much information she would like to know at this point).

Models have been developed to guide clinicians in delivering serious news. The **SPIKES protocol**, originally developed for cancer patients, can be adapted to conversations with patients in many situations (eg, medical futility discussion, STI results).

(Choice A) This response immediately redirects the focus of the visit to discussion of results and does not allow the patient time to process the news and express her emotions. Instead, the physician should follow the patient's lead and answer any questions that arise.

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the patient's lead and answer any questions that arise.

(Choice C) This response prematurely redirects the visit to discussing the patient's support system rather than allowing the patient to express her emotions and immediate needs.

(Choice D) This statement uses optimism and reassurance by changing the focus to recent advances in treatment. This may have the unintended consequence of discouraging the patient from expressing her emotions and fears about the illness. After acknowledging the patient's emotions, it is preferable to gently explore how much she wants to know about the diagnosis and treatment options at this point.

(Choice E) This response makes the inappropriate assumption that the patient is not ready or does not want to receive additional information during this visit. Instead, the patient should be allowed to express the full range of her emotions and invited to ask any questions. Depending on her response, the physician can educate her about the condition and her options.

Educational objective:
Delivering serious news requires allowing the patient time to process the information and express emotions. Empathic, supportive communication should include acknowledging the patient's distress and being open to answering any questions.

References

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A 49-year-old woman comes to the office due to worsening hot flashes and night sweats over the past year. The patient's menstrual periods have been irregular for the past 2 years, and her last menstrual cycle was a year ago. She has no chronic medical conditions and has had no surgeries. BMI is 23 kg/m^2. Vital signs are normal. The neck is supple and without thyromegaly. The remainder of the examination is normal. The patient says, "This is awful. I turn red and sweat in the middle of work meetings and then have to leave to cool down. I'm wondering if hormones could help." Which of the following is the most appropriate response to this patient?

A. "Although menopause can be uncomfortable, it is a natural process; let's try making some simple lifestyle changes first."

B. "Hot flashes and sweating are very normal in menopause; for most women, they subside on their own in 1-2 years without treatment."

C. "I can see these symptoms have been affecting your day-to-day life; hormonal therapy can be an effective option, although there are some risks."

D. "I don't recommend taking hormonal therapy because your symptoms are not that severe; the risks would likely outweigh the benefits."

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C. "I can see these symptoms have been affecting your day-to-day life; hormonal therapy can be an effective option, although there are some risks."

D. "I don't recommend taking hormonal therapy because your symptoms are not that severe; the risks would likely outweigh the benefits."

E. "Menopause can be very stressful; perhaps talking about how to cope with the emotional effects would be helpful."

Submit

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signs are normal. The neck is supple and without thyromegaly. The remainder of the examination is normal. The patient says, "This is awful. I turn red and sweat in the middle of work meetings and then have to leave to cool down. I'm wondering if hormones could help." Which of the following is the most appropriate response to this patient?

A. "Although menopause can be uncomfortable, it is a natural process; let's try making some simple lifestyle changes first." (4%)

B. ~~"Hot flashes and sweating are very normal in menopause; for most women, they subside on their own in 1-2 years without treatment."~~ (2%)

✓ C. "I can see these symptoms have been affecting your day-to-day life; hormonal therapy can be an effective option, although there are some risks." (90%)

D. ~~"I don't recommend taking hormonal therapy because your symptoms are not that severe; the risks would likely outweigh the benefits."~~ (0%)

E. ~~"Menopause can be very stressful; perhaps talking about how to cope with the emotional effects would be helpful."~~ (2%)

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Patient-centered care involves being responsive to the patient's expressed concerns and providing necessary information to assist the patient in making an informed health care decision. The risks and benefits of hormone therapy for menopausal symptoms is a complex topic that requires an individualized approach, taking into account the patient's age, severity of symptoms, and calculated risks for breast cancer and cardiovascular disease. Strategies for effective communication include **acknowledging** the **patient's discomfort** and **educating** the patient about the **benefits and risks** and alternate strategies. The emphasis should be on **sharing decision-making**, respecting patient preferences, and avoiding premature judgments.

In this case, the patient has expressed significant distress and has specifically asked if hormone therapy can alleviate her discomfort. The most appropriate response is to acknowledge the impact of the patient's vasomotor symptoms and begin a discussion of the risks and benefits of hormonal treatment in language that the patient can understand.

(Choice A) This response fails to promote shared decision-making by dismissing the patient's inquiry about hormone therapy. The patient should be educated about the benefits and risks of hormone therapy so that she can make an informed medical decision.

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about hormone therapy. The patient should be educated about the benefits and risks of hormone therapy so that she can make an informed medical decision.

(Choice B) This patient has come to the physician with the expectation that her discomfort can be alleviated. This response both minimizes the patient's discomfort and offers no relief. The patient will likely feel that her concerns have not been addressed, negatively impacting the patient-physician relationship.

(Choice D) This response makes a judgment about the patient's level of discomfort and inappropriately makes the decision for her without conducting an informed consent discussion about the risks and benefits.

(Choice E) Although discussing coping strategies can be helpful, this response redirects the conversation and ignores the patient's question regarding hormone therapy.

Educational objective:
Patient-centered care involves being responsive to the patient's expressed concerns and providing necessary information to assist the patient in making an informed health care decision. The emphasis should be on shared decision-making, taking into account the patient's preferences and avoiding premature judgments.

References

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A 35-year-old man comes to the office for a routine health maintenance evaluation. After separating from his wife, the patient recently moved to "make a fresh start" and start a new job. He has no chronic medical conditions and has had no surgeries. The patient is sexually active and has had 6 lifetime partners. When completing the rest of the sexual history, which of the following questions is most appropriate for the physician to ask?

A. "What are the genders of your current and previous sexual partners?"

B. "Can you tell me about your previous romantic relationships?"

C. "Did you have other sexual partners while you were married?"

D. "Do you identify as heterosexual, homosexual, or bisexual?"

E. "Have you ever had sexual intercourse with a man?"

Submit

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A 35-year-old man comes to the office for a routine health maintenance evaluation. After separating from his wife, the patient recently moved to "make a fresh start" and start a new job. He has no chronic medical conditions and has had no surgeries. The patient is sexually active and has had 6 lifetime partners. When completing the rest of the sexual history, which of the following questions is most appropriate for the physician to ask?

- A. "What are the genders of your current and previous sexual partners?" (46%)
- B. "Can you tell me about your previous romantic relationships?" (27%)
- C. "Did you have other sexual partners while you were married?" (2%)
- D. "Do you identify as heterosexual, homosexual, or bisexual?" (16%)
- E. "Have you ever had sexual intercourse with a man?" (5%)

Incorrect
Correct answer
A

46%
Answered correctly

53 secs
Time Spent

12/07/2020
Last Updated

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Sexual history is a key part of comprehensive patient care and should be obtained at all initial visits, routine preventive screenings, and visits when sexually transmitted infections are suspected. Physicians should attempt to put patients of all sexual orientations and gender identities at ease when reviewing **sexual history** because, for some, the discussion may feel uncomfortable and intrusive. Normalizing the discussion as a routine component of the medical examination, ensuring confidentiality, remaining nonjudgmental, and expressing a willingness to address all sexual health concerns can facilitate the discussion.

When asking about sexual partners, the physician should **avoid** using labels or making **assumptions** about patients or their partners' sexual orientation or gender identity. Asking an **open-ended** question about **all sexual partners** allows patients to describe their sexual partners and behavior in terms that they are familiar with and that reflect their gender identity. After inquiring about the gender of sexual partners (including trans, nonbinary), the physician can ask about pertinent types of sex (eg, vaginal, oral, anal) with each partner in order to make testing recommendations for sexually transmitted infections (eg, HIV) and discuss risk-reduction strategies. Another possible formulation is, "What is/are the sex and gender of your sexual partner(s)?"

(Choice B) This question is nonspecific and does not directly address sexual behavior. An individual may

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(Choice B) This question is nonspecific and does not directly address sexual behavior. An individual may be sexually active outside of a romantic relationship or may not view an interaction as romantic. Although this question may yield some information regarding the patient's relationship history, it may exclude important information about some partners and sexual behaviors.

(Choice C) Questioning the patient about other sexual partners while he was married may make him feel judged and less willing to disclose his sexual history. This inquiry also fails to focus on all sexual partners.

(Choice D) This question forces the patient to choose a sexual orientation label. Many individuals may identify as heterosexual but have sexual contact with individuals of the same gender. Others may not relate to any of these labels to describe their sexuality.

(Choice E) Asking the patient whether he has ever had intercourse with a man is a narrow, close-ended question that does not address the possible range of his sexual behaviors or partners.

Educational objective:
Taking a sexual history is a key part of comprehensive care and requires an inclusive and nonjudgmental approach. Physicians should avoid making assumptions about a patient's sexual history and use an open-ended inquiry about all sexual partners.

References

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A 62-year-old man comes to the office with his wife for evaluation of episodic chest pain. The physician introduces herself to the patient and his wife and confirms that he is comfortable and not experiencing any current pain. The patient's wife begins the conversation by saying, "He brought a list of his medications for you to review, but I'm not sure he takes all of them regularly." After thanking them for bringing the list, which of the following is the most appropriate way for the physician to initiate the medical interview?

A. "Have you had trouble remembering to take your medications?"

B. "How will your pain improve if you don't take your medications?"

C. "May I ask your wife to leave for this part of the evaluation?"

D. "What do your episodes of chest pain feel like?"

E. "Why do you think you have difficulties taking your medications regularly?"

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A 62-year-old man comes to the office with his wife for evaluation of episodic chest pain. The physician introduces herself to the patient and his wife and confirms that he is comfortable and not experiencing any current pain. The patient's wife begins the conversation by saying, "He brought a list of his medications for you to review, but I'm not sure he takes all of them regularly." After thanking them for bringing the list, which of the following is the most appropriate way for the physician to initiate the medical interview?

A. "Have you had trouble remembering to take your medications?" (15%)
B. "How will your pain improve if you don't take your medications?" (0%)
C. "May I ask your wife to leave for this part of the evaluation?" (21%)
✓ D. "What do your episodes of chest pain feel like?" (44%)
E. "Why do you think you have difficulties taking your medications regularly?" (18%)

Correct

44%
Answered correctly

01 min, 37 secs
Time Spent

10/07/2020
Last Updated

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Patient-centered care requires communication skills that engage the patient in discussing his or her perspective of the illness, which helps build rapport and aids in acquiring a more complete history. In this scenario, the wife begins the conversation by expressing her concern about the patient's medication adherence. Although acquiring collateral information can be important, the best approach is to **redirect the conversation back to the patient** to first elicit his perspective and concerns. It is better to explore medication adherence once rapport has already been established.

Medical interviewing is best initiated with an **open-ended question**. This invites the patient to describe their condition in their own words and gives the physician insight into the patient's major concerns, which can be addressed with more specific questions later in the interview. Examples of open-ended questions include: "What brings you in today?" and "What is that like for you?" In contrast, a closed-ended question requires only a yes/no response and does not encourage conversation/exploration.

(Choices A, B, and E) Although the wife has alerted the physician to a potentially important issue (possible medication nonadherence), it would be inappropriate to begin a medical interview with questions that assume (without asking) that the patient is, in fact, not taking his medication and focus on the wife's concerns rather than the patient's. This may put the patient on the defensive, leading to a deterioration of the physician-patient relationship. In addition, asking the patient if he is having trouble with remembering

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that assume (without asking) that the patient is, in fact, not taking his medication and focus on the wife's concerns rather than the patient's. This may put the patient on the defensive, leading to a deterioration of the physician-patient relationship. In addition, asking the patient if he is having trouble with remembering his medications is an example of a yes/no, closed-ended question.

(Choice C) Although patients should be given the opportunity to speak to the physician alone, this question suggests the wife should leave. It is preferable to ask the patient if he would like her to stay or leave.

Educational objective:

Patient-centered medical interviewing should focus on the patient's perspective of the illness. Interviews are best initiated with an open-ended question that elicits the patient's major concerns in the patient's own words.

References

- Patient-centered communication: basic skills.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Interviewing Technique
Subject	System	Topic

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A 54-year-old man comes to the office for an initial appointment to evaluate lower back pain. The patient's medical record shows that he has seen several physicians for back pain treatment. He has been prescribed multiple pain medications and physical rehabilitation services but often stopped prematurely or did not follow through with recommendations. At the beginning of the visit the patient says, "I'm tired of living with back pain, and I haven't been able to work in years. Nothing has helped me—at this point I might as well just give up and go on disability." Which of the following statements is the most appropriate initial response to this patient?

A. "Although previous medications have not worked, consultation with a pain specialist may be helpful."

B. "I understand the difficulty of your situation, but applying for disability will not improve your back pain."

C. "I understand your frustration, but it is difficult to help when you think nothing will work."

D. "It must be frustrating to have chronic back pain and feel like there are no options to ease your suffering."

E. "Your chances of improving would be better if you followed recommendations and remained in

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A. "Although previous medications have not worked, consultation with a pain specialist may be helpful."

B. "I understand the difficulty of your situation, but applying for disability will not improve your back pain."

C. "I understand your frustration, but it is difficult to help when you think nothing will work."

D. "It must be frustrating to have chronic back pain and feel like there are no options to ease your suffering."

E. "Your chances of improving would be better if you followed recommendations and remained in treatment."

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did not follow through with recommendations. At the beginning of the visit the patient says, "I'm tired of living with back pain, and I haven't been able to work in years. Nothing has helped me—at this point I might as well just give up and go on disability." Which of the following statements is the most appropriate initial response to this patient?

A. "Although previous medications have not worked, consultation with a pain specialist may be helpful." (5%)

B. "I understand the difficulty of your situation, but applying for disability will not improve your back pain." (3%)

C. "I understand your frustration, but it is difficult to help when you think nothing will work." (2%)

✓ D. "It must be frustrating to have chronic back pain and feel like there are no options to ease your suffering." (84%)

E. "Your chances of improving would be better if you followed recommendations and remained in treatment." (3%)

Correct

84%
Answered correctly

01 min, 57 secs
Time Spent

09/09/2020
Last Updated

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This physician is confronted by a patient who has not experienced benefit from previous treatment and **feels hopeless** that his condition will improve. Such challenging patients can often cause the physician to feel defensive, manipulated, or hopeless as well, leading to premature referral to a specialist.

Although strategies to improve treatment adherence will be important for improving outcomes, the best initial approach is to **build** the **physician-patient relationship** by **empathizing** with the **patient's frustration** and **disappointment** with past treatments. In this way, the patient will feel understood rather than blamed for past treatment failures, and he will be more willing to work with the physician to develop a collaborative plan focused on realistic goals.

(Choice A) This patient requires a thorough history and physical examination to assess his condition. Referral to a pain specialist is premature.

(Choice B) This statement is likely to be experienced as unsupportive because it challenges the patient's proposal regarding disability and does not offer any suggestions in its place.

(Choice C) This statement attempts to point out the patient's help-rejecting pattern of behavior, but it would likely be perceived as judgmental, especially at this early stage of the physician-patient relationship.

(Choice E) Although at some point the physician should address the importance of adherence to

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Referral to a pain specialist is premature.

(Choice B) This statement is likely to be experienced as unsupportive because it challenges the patient's proposal regarding disability and does not offer any suggestions in its place.

(Choice C) This statement attempts to point out the patient's help-rejecting pattern of behavior, but it would likely be perceived as judgmental, especially at this early stage of the physician-patient relationship.

(Choice E) Although at some point the physician should address the importance of adherence to treatment in achieving a better outcome, this statement is critical and blames the patient for past treatment failures. Empathizing with the patient's frustration at this early stage would be more effective in developing a treatment alliance.

Educational objective:

Physicians may become frustrated with a patient who is hopeless about treatment, often compelling the physician to refer the patient to a specialist prematurely. Empathizing with the patient's frustration over past treatment failures can help build the physician-patient relationship.

References

- Managing difficult encounters: understanding physician, patient, and situational factors.

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A 33-year-old man comes to the office due to back pain. He has a 2-week history of moderate pain in the lumbar area that started after a long day of yard work. There is no associated fever, motor weakness, or urinary symptoms. The patient has no history of acute trauma and medical history is unremarkable. Examination shows normal lower extremity strength, sensation, and reflexes. Straight-leg raising test is negative. The patient says, "My brother had similar pain last year and his MRI scan showed a bulging disc. Can you order that test for me?" The clinician offers options for symptomatic relief but recommends against performing any imaging studies. Which of the following is the most likely effect of this recommendation?

A. Increased diagnostic uncertainty
B. Increased fragmentation of care
C. Increased health care disparity
D. Increased malpractice risk
E. Reduced clinical standardization
F. Reduced overutilization

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urinary symptoms. The patient has no history of acute trauma and medical history is unremarkable. Examination shows normal lower extremity strength, sensation, and reflexes. Straight-leg raising test is negative. The patient says, "My brother had similar pain last year and his MRI scan showed a bulging disc. Can you order that test for me?" The clinician offers options for symptomatic relief but recommends against performing any imaging studies. Which of the following is the most likely effect of this recommendation?

A. Increased diagnostic uncertainty (5%)
B. Increased fragmentation of care (2%)
C. Increased health care disparity (1%)
D. Increased malpractice risk (1%)
E. Reduced clinical standardization (3%)
F. Reduced overutilization (86%)

Correct

86%
Answered correctly

01 min, 09 secs
Time Spent

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Overutilization	
Definition	Services (tests or treatments) that: • Are not reasonably expected to benefit the patient • Are not necessary for clinical decision-making
Strategies to reduce overutilization	• Determine how a test will affect management before ordering • Use evidence-based practice guidelines that emphasize services with proven benefit • Avoid redundant tests & treatment

This patient has acute, uncomplicated low back pain (LBP) with no "red-flag" features (eg, fever, neurologic deficits) to suggest a serious cause. Uncomplicated LBP usually resolves spontaneously, and management is directed toward providing temporary symptomatic relief. Imaging (eg, x-ray, MRI scan) is generally not recommended because it does not improve outcomes or provide necessary information for optimal management.

Overutilization refers to provision of **unnecessary services** that are not expected to improve **patient outcomes** or meaningfully change **management**. Patient–centered health care requires care to be

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optimal management.

Overutilization refers to provision of **unnecessary services** that are not expected to improve **patient outcomes** or meaningfully change **management**. Patient–centered health care requires care to be delivered with respect to the patients' concerns, preferences, and priorities, but does not require unnecessary testing or treatment if patient input is otherwise solicited and respected when appropriate. MRI in uncomplicated LBP increases overutilization and is therefore not recommended for this patient.

(Choice A) Spinal MRI often identifies nonspecific abnormalities (eg, bulging intervertebral discs) that are not relevant to management but can lead to further unnecessary and potentially harmful diagnostic studies and interventions. Because of the frequency of such abnormalities, even in asymptomatic individuals, it is often not clear whether they are the actual cause of pain or merely an incidental finding. Deferring imaging therefore decreases, rather than increases, diagnostic uncertainty.

(Choice B) Fragmentation of health care refers to breaking up care across multiple providers and facilities without adequate cross communication. Declining to order unnecessary tests does not lead to fragmentation.

(Choice C) Health care disparity refers to differences in access to care or outcomes due to socioeconomic or demographic factors. Careful and appropriate use of diagnostic studies does not increase disparity.

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without adequate cross communication. Declining to order unnecessary tests does not lead to fragmentation.

(Choice C) Health care disparity refers to differences in access to care or outcomes due to socioeconomic or demographic factors. Careful and appropriate use of diagnostic studies does not increase disparity.

(Choice D) Malpractice liability risk correlates most closely with provider-patient communication and perceived level of concern. Appropriate use of diagnostic studies, especially as it conforms to evidence-based guidelines, does not increase malpractice risk.

(Choice E) Clinical standardization refers to consistency of management decisions within and across provider groups. Care that conforms to established guidelines increases, not decreases, standardization.

Educational objective:

Overutilization refers to provision of services that are not expected to improve patient outcomes or meaningfully change management. Patient–centered health care requires care to be delivered with respect to patients' concerns, preferences, and priorities, but does not require unnecessary testing or treatment if patient input is otherwise solicited and respected when appropriate.

References

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A resident physician is on her way to morning signout after her overnight shift and gets into an elevator crowded with nurses and other hospital staff members. The medical student on the team gets on the elevator and asks the resident how her shift went. During the conversation, the student is careful not to mention the patient's name, asking, "Did the patient in Room 232 get her CT scan?" Which of the following is the most appropriate response to the student?

A. "Discussing patient information in a public setting is against hospital policy."

B. "I have the brain scan results and can discuss them with you later."

C. "Let me pull up the results on my phone."

D. "Let's wait until morning signout to discuss all of the patients."

E. "The scan is normal."

F. "The scan was read, but ask the daytime resident about the results."

Submit

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A resident physician is on her way to morning signout after her overnight shift and gets into an elevator crowded with nurses and other hospital staff members. The medical student on the team gets on the elevator and asks the resident how her shift went. During the conversation, the student is careful not to mention the patient's name, asking, "Did the patient in Room 232 get her CT scan?" Which of the following is the most appropriate response to the student?

A. "Discussing patient information in a public setting is against hospital policy." (32%)
B. "I have the brain scan results and can discuss them with you later." (18%)
C. "Let me pull up the results on my phone." (0%)
✓ D. "Let's wait until morning signout to discuss all of the patients." (46%)
E. "The scan is normal." (0%)
F. "The scan was read, but ask the daytime resident about the results." (2%)

Correct

46%
Answered correctly

39 secs
Time Spent

10/26/2020
Last Updated

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Physicians have an ethical responsibility to **protect patient confidentiality**, including during interactions with other healthcare team members in **public places** and non-medical settings. In situations where discussion of patient's healthcare information may be overheard, it is prudent to **avoid discussing any information** regarding potential patients. Physicians should maintain strict standards of confidentiality in any public setting, including in the presence of other health care professionals not involved in the patient's care.

In this case, although the medical student has not used the patient's name, the room number can easily be connected to the patient by anyone who may overhear, thereby violating the patient's privacy under the Health Insurance Portability and Accountability Act (HIPAA). The most advisable course of action is to **defer the conversation** to a more appropriate and private setting outside the elevator.

(Choice A) Although this statement is correct, publicly admonishing the student is not the best approach. Discussing the matter privately during signout is preferred.

(Choices B, C, E, and F) These responses violate patient privacy as they acknowledge that the patient received a CT scan. Disclosing information about a patient's hospital course in a public setting, even if the patient's name is not discussed, is inappropriate.

Educational objective:

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Health Insurance Portability and Accountability Act (HIPAA). The most advisable course of action is to **defer the conversation** to a more appropriate and private setting outside the elevator.

(Choice A) Although this statement is correct, publicly admonishing the student is not the best approach. Discussing the matter privately during signout is preferred.

(Choices B, C, E, and F) These responses violate patient privacy as they acknowledge that the patient received a CT scan. Disclosing information about a patient's hospital course in a public setting, even if the patient's name is not discussed, is inappropriate.

Educational objective:
Physicians must be cautious about discussing protected patient health information in public places, including public settings within the hospital, even with other medical personnel. Conversations regarding patients should be deferred to a later time when a more private setting can be arranged.

References

- Confidentiality breaches in clinical practice: what happens in hospitals?

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient confidentiality
Subject	System	Topic

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A 75-year-old woman is hospitalized for a bowel obstruction related to adhesions from previous uterine cancer surgery and radiation. She has a history of hypertension, atrial fibrillation, and peripheral vascular disease. After a prolonged hospital course complicated by a pulmonary embolus, she is discharged on multiple medications, including a higher dose of her warfarin. The patient is scheduled for follow-up appointments with her internist, gynecologist, cardiologist, and gastroenterologist. She lives by herself and has been able to successfully manage her care needs in the past. Her adult daughter is supportive but lives out of state. Which of the following interventions would be most effective in improving her adherence to outpatient treatment?

A. Emphasize the importance of adherence to treatment during the discharge process
B. Ensure that the discharge summary is sent to all outpatient specialists
C. Provide the patient with a detailed copy of her hospital course
D. Provide the patient with a checklist to keep track of her medications and follow-up appointments
E. Review discharge instructions with the patient's daughter

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cancer surgery and radiation. She has a history of hypertension, atrial fibrillation, and peripheral vascular disease. After a prolonged hospital course complicated by a pulmonary embolus, she is discharged on multiple medications, including a higher dose of her warfarin. The patient is scheduled for follow-up appointments with her internist, gynecologist, cardiologist, and gastroenterologist. She lives by herself and has been able to successfully manage her care needs in the past. Her adult daughter is supportive but lives out of state. Which of the following interventions would be most effective in improving her adherence to outpatient treatment?

A. Emphasize the importance of adherence to treatment during the discharge process (5%)

B. Ensure that the discharge summary is sent to all outpatient specialists (4%)

C. Provide the patient with a detailed copy of her hospital course (1%)

✓ D. Provide the patient with a checklist to keep track of her medications and follow-up appointments (84%)

E. Review discharge instructions with the patient's daughter (4%)

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The transition from hospital to outpatient care is a time of high risk for patients. Individuals with multiple medical problems, complex medication regimens, low health literacy, and poor social support are at particularly high risk. The most effective strategy for decreasing adverse outcomes and preventing avoidable readmissions is a structured approach that uses a comprehensive **discharge checklist**. The checklist should provide instructions at the appropriate literacy level and patient education materials to facilitate a successful transition from the hospital to the outpatient setting. Key elements of the discharge checklist include detailed instructions regarding medications (their purpose, dosing schedule, and adverse events), follow-up appointments with the primary care provider and any specialists, pending laboratory measurements or tests, and an emergency contact number with specific directions on when to call. Medication changes that have occurred during the hospitalization (eg, new medications, discontinued medications, changes in dose or frequency) should be clearly identified on the checklist to reduce the risk of medication errors.

(Choice A) Although emphasizing the importance of adherence to treatment is beneficial, a detailed list with specific instructions regarding medications and follow-up that the patient can refer to at home would be more helpful. Patients are frequently overwhelmed by verbal information at the time of discharge and can benefit from a written checklist.

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benefit from a written checklist.

(Choice B) Communication with outpatient specialists is an important component of the discharge process, but it does not help the patient manage the complex follow-up tasks required.

(Choice C) A discharge summary is prepared by the hospital physician to document the hospital course and assist other medical providers and support staff in the care of the patient. It uses technical language that may be confusing to the patient. In contrast, the discharge instruction checklist uses simple and clear language intended to optimize patient understanding.

(Choice E) Reviewing discharge instructions with the patient's daughter would be appropriate if the patient lived with her or if the daughter was helping the patient obtain medication or was providing transportation to follow-up appointments.

Educational objective:
A discharge checklist detailing medication changes and follow-up appointments can significantly facilitate a patient's transition from the hospital and improve adherence to outpatient treatment. Individuals who experience a smooth transition from the inpatient to the outpatient setting are at lower risk for early rehospitalization.

References

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A 25-year-old woman comes to the office for an initial evaluation of low mood. Since moving to a new apartment 3 weeks ago, the patient has felt sad and has not been sleeping well. She says, "My landlord won't allow pets in the building. I miss my dog so much. I know my mood would improve if I could get a letter from you saying my dog can live with me." The patient's dog is currently staying with her parents, who live a few miles away from her. Which of the following statements by the physician is the most appropriate?

A. "Fortunately, your dog is able to live nearby with your parents; what do you think about spending more time at their house?"

B. "Having your dog may help you feel better temporarily; let's discuss options that would allow you to develop long-term coping skills."

C. "I can see you miss your dog very much; let's start by talking about the mood symptoms you've been experiencing."

D. "It must be difficult not having your dog around; what made you decide to move into an apartment that does not allow pets?"

E. "Not having your dog live with you seems to be causing a lot of distress; I can write a letter for

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A. "Fortunately, your dog is able to live nearby with your parents; what do you think about spending more time at their house?"

B. "Having your dog may help you feel better temporarily; let's discuss options that would allow you to develop long-term coping skills."

C. "I can see you miss your dog very much; let's start by talking about the mood symptoms you've been experiencing."

D. "It must be difficult not having your dog around; what made you decide to move into an apartment that does not allow pets?"

E. "Not having your dog live with you seems to be causing a lot of distress; I can write a letter for your dog."

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letter from you saying my dog can live with me." The patient's dog is currently staying with her parents, who live a few miles away from her. Which of the following statements by the physician is the most appropriate?

A. ~~"Fortunately, your dog is able to live nearby with your parents; what do you think about spending more time at their house?"~~ (1%)

B. ~~"Having your dog may help you feel better temporarily; let's discuss options that would allow you to develop long-term coping skills."~~ (3%)

C. "I can see you miss your dog very much; let's start by talking about the mood symptoms you've been experiencing." (77%)

D. "It must be difficult not having your dog around; what made you decide to move into an apartment that does not allow pets?" (14%)

E. "Not having your dog live with you seems to be causing a lot of distress; I can write a letter for your dog." (2%)

Correct

77%
Answered correctly

01 min, 17 secs
Time Spent

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In this initial patient encounter, the physician is faced with a specific request for an emotional support animal letter but has very limited information. Although physicians should be responsive to a patient's concerns, they should not feel pressured to make a recommendation before fully evaluating the patient. The best approach is to **validate the patient's concerns** and **gather more information** on which to base a decision.

The physician should begin with an empathic comment acknowledging this patient's distress and then obtain a more complete understanding of the situation. This would include obtaining a more detailed description of the patient's mood, evaluation for additional depressive symptoms, and medical and psychiatric history as well as an assessment of other psychosocial stressors and the patient's support system. Dismissing the patient's request or coming to a premature decision should be avoided.

(Choice A) This statement fails to acknowledge the patient's distress, avoids addressing her request, and offers specific advice without a full understanding of the situation.

(Choice B) This statement dismisses the patient's immediate concern as unimportant and focuses on long-term strategies. This approach is likely to frustrate the patient and negatively impact the physician-patient relationship.

(Choice D) This statement may make the patient feel defensive about her decision to move. It may be

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(Choice A) This statement fails to acknowledge the patient's distress, avoids addressing her request, and offers specific advice without a full understanding of the situation.

(Choice B) This statement dismisses the patient's immediate concern as unimportant and focuses on long-term strategies. This approach is likely to frustrate the patient and negatively impact the physician-patient relationship.

(Choice D) This statement may make the patient feel defensive about her decision to move. It may be more difficult to do a full assessment if the patient feels judged.

(Choice E) Writing a letter is up to the physician's discretion but should not be done before fully evaluating the patient and documenting appropriately.

Educational objective:
Although physicians should be responsive to patient requests, they should not feel pressured to make a recommendation before fully evaluating the patient. The best approach is to validate the patient's concerns and gather more information.

References

- Patient-centered communication: basic skills.

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A 54-year-old woman comes to the office for a yearly preventive examination. She has no specific concerns. Blood pressure is 144/95 mm Hg and pulse is 86/min. BMI is 50 kg/m^2. Examination shows severe obesity but is otherwise unremarkable. Fasting glucose is 128 mg/dL. When the subject of her weight is mentioned, the patient says, "In my family, we just like to eat. My mother is heavy, my father is heavy, and my kids are heavy. There's no point in trying to lose weight now." Which of the following is the most appropriate response to this patient's statement?

A. "Bariatric surgery might be a good option for you to consider."

B. "Even with your family history, simple changes in your diet can lower your blood pressure."

C. "Tell me how you think your weight might relate to your blood pressure and glucose."

D. "You can still eat whatever you want as long as you don't eat so much of it."

E. "You don't have to lose all the weight at once. A little at a time will eventually make a difference."

Submit

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A 54-year-old woman comes to the office for a yearly preventive examination. She has no specific concerns. Blood pressure is 144/95 mm Hg and pulse is 86/min. BMI is 50 kg/m^2. Examination shows severe obesity but is otherwise unremarkable. Fasting glucose is 128 mg/dL. When the subject of her weight is mentioned, the patient says, "In my family, we just like to eat. My mother is heavy, my father is heavy, and my kids are heavy. There's no point in trying to lose weight now." Which of the following is the most appropriate response to this patient's statement?

A. "Bariatric surgery might be a good option for you to consider." (0%)

B. "Even with your family history, simple changes in your diet can lower your blood pressure." (20%)

✓ C. "Tell me how you think your weight might relate to your blood pressure and glucose." (66%)

D. "You can still eat whatever you want as long as you don't eat so much of it." (0%)

E. "You don't have to lose all the weight at once. A little at a time will eventually make a difference." (11%)

66%
02 mins, 35 secs
09/03/2020

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Stages of change model		
Stage		**Motivational interviewing**
Precontemplation	**Not ready to change:** patient does not acknowledge negative consequences	• Encourage patient to evaluate consequences of current behavior • Explain & personalize the risk • Recommending action is premature
Contemplation	**Thinking of changing:** patient acknowledges consequences but is ambivalent	• Encourage evaluation of pros & cons of behavior change • Promote new, positive behaviors
Preparation	**Ready to change:** patient decides to change	• Encourage small initial steps • Reinforce positive outcome expectations
Action	**Making change:** patient makes	• Help identify appropriate change strategies & enlist social support

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Preparation	**Ready to change:** patient decides to change	• Reinforce positive outcome expectations
Action	**Making change:** patient makes specific, overt changes	• Help identify appropriate change strategies & enlist social support • Promote self-efficacy for dealing with obstacles
Maintenance	**Changes integrated** into patient's life; focus on relapse prevention	• Follow-up support; reinforce intrinsic rewards • Develop relapse prevention strategies
Identification	**Behavior is automatic:** changes incorporated into sense of self	• Praise changes

This patient has obesity with weight-related complications including hypertension and (likely) type 2 diabetes mellitus. However, she does not acknowledge the adverse effects of obesity and voices no readiness to institute behavioral changes (eg, diet, exercise). Counseling of patients with obesity and other

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Identification	incorporated into sense of self	• Praise changes

This patient has obesity with weight-related complications including hypertension and (likely) type 2 diabetes mellitus. However, she does not acknowledge the adverse effects of obesity and voices no readiness to institute behavioral changes (eg, diet, exercise). Counseling of patients with obesity and other lifestyle-related disorders (eg, smoking, alcohol abuse) can often be tailored to the individual patient by using a stages of change model; this patient is considered to be in the **precontemplation stage**.

Patients in the precontemplation stage are not ready to explore lifestyle change options or implement specific behavioral interventions. However, it is often beneficial to explore the patient's **current understanding** of their condition and how it can affect their **future health**. Patients with obesity frequently understand much about the potential health consequences; engaging in a nonjudgmental discussion of how this patient's weight affects her blood pressure and glucose may facilitate more productive conversations in future visits.

(Choice A) Although bariatric surgery is indicated based on this patient's BMI, noninvasive treatments (ie, diet, weight loss medication) are usually attempted first. Also, specific interventions are generally not discussed until the patient is ready to consider options for change.

(Choice B) Once a patient voices willingness to consider lifestyle change (ie, contemplation stage), the

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(Choice B) Once a patient voices willingness to consider lifestyle change (ie, contemplation stage), the clinician should start introducing potential interventions in general terms, discussing the various pros and cons. However, in this case, the clinician should first encourage the patient to consider the need for lifestyle change before discussing possible interventions.

(Choice D) Many diets (eg, low-fat, low-carbohydrate, reduced-calorie blended) have been shown to produce weight loss, but most require changes in food choices, not just food quantity. Details of implementation generally would not be discussed until the patient voices some level of readiness to change.

(Choice E) Initiating a weight loss program with small, incremental goals is frequently helpful in the implementation of lifestyle change. However, setting goals is more appropriate at the time the patient is preparing to institute behavior change (ie, preparation stage).

Educational objective:
Patients in a precontemplation stage of change do not acknowledge the negative consequences of current behaviors and are not ready to implement specific lifestyle changes. Providers working with patients in the precontemplation stage should avoid recommending specific actions but instead discuss patients' understanding of their condition and its effect on their future health. A nonjudgmental discussion of lifestyle

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(Choice D) Many diets (eg, low-fat, low-carbohydrate, reduced-calorie blended) have been shown to produce weight loss, but most require changes in food choices, not just food quantity. Details of implementation generally would not be discussed until the patient voices some level of readiness to change.

(Choice E) Initiating a weight loss program with small, incremental goals is frequently helpful in the implementation of lifestyle change. However, setting goals is more appropriate at the time the patient is preparing to institute behavior change (ie, preparation stage).

Educational objective:

Patients in a precontemplation stage of change do not acknowledge the negative consequences of current behaviors and are not ready to implement specific lifestyle changes. Providers working with patients in the precontemplation stage should avoid recommending specific actions but instead discuss patients' understanding of their condition and its effect on their future health. A nonjudgmental discussion of lifestyle can often facilitate more productive conversations in the future.

References

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A 21-year-old man comes to the office due to recurrent ear drainage. He is accompanied by his girlfriend. On examination, the patient has purulent otorrhea, a tympanic membrane perforation, and a pearly white mass behind the tympanic membrane consistent with a large cholesteatoma. He is told that he will need a tympanomastoidectomy with removal of the cholesteatoma. The patient nods briefly but does not ask questions. He is also given information sheets with a written description of the procedure and instructions on how to schedule surgery that he immediately hands to his girlfriend, who begins to read them. Review of the medical records shows he has been to the emergency department several times in the last year with this same concern and has not had a flu shot in the past 5 years. Which of the following is the most appropriate course of action?

A. Ask him to schedule a follow-up appointment and bring a family member to help him make health care decisions

B. Explain again slowly and simply what a tympanomastoidectomy is and why it should be done

C. Gently ask the patient to read the information sheet aloud to determine his literacy

D. Use a visual aid to educate the patient about the procedure

E. Verbally review instructions on how to schedule an appointment for the procedure

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tympanomastoidectomy with removal of the cholesteatoma. The patient nods briefly but does not ask questions. He is also given information sheets with a written description of the procedure and instructions on how to schedule surgery that he immediately hands to his girlfriend, who begins to read them. Review of the medical records shows he has been to the emergency department several times in the last year with this same concern and has not had a flu shot in the past 5 years. Which of the following is the most appropriate course of action?

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B. Explain again slowly and simply what a tympanomastoidectomy is and why it should be done

C. Gently ask the patient to read the information sheet aloud to determine his literacy

D. Use a visual aid to educate the patient about the procedure

E. Verbally review instructions on how to schedule an appointment for the procedure

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A. Ask him to schedule a follow-up appointment and bring a family member to help him make health care decisions (3%)

B. Explain again slowly and simply what a tympanomastoidectomy is and why it should be done (12%)

C. Gently ask the patient to read the information sheet aloud to determine his literacy (18%)

✓ D. Use a visual aid to educate the patient about the procedure (51%)

E. Verbally review instructions on how to schedule an appointment for the procedure (14%)

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Low literacy	
Risk factors	• Low level of completed education • History of incarceration • Low socioeconomic status • Language difference between patient & provider
Clinical clues	• Has multiple visits for the same condition • Asks family or friends to read medical literature • Refuses to fill out paperwork
Adverse health outcomes	• Treatment nonadherence • ↑ Hospitalizations & emergency care use

This patient's cholesteatoma requires surgical intervention; lack of definitive treatment has lead to multiple emergency department visits for the same condition. During today's office visit, although the patient seeks medical care, he does not appear to engage with the physician (eg, nods briefly but asks no questions) and does not read the written health information sheets but instead hands them to his companion. This

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Outcomes	Hospitalizations & emergency care use

This patient's cholesteatoma requires surgical intervention; lack of definitive treatment has lead to multiple emergency department visits for the same condition. During today's office visit, although the patient seeks medical care, he does not appear to engage with the physician (eg, nods briefly but asks no questions) and does not read the written health information sheets but instead hands them to his companion. This presentation raises suspicion for **low literacy**, a diminished ability to read and write.

Low literacy has been shown to correlate with many **adverse health outcomes**, including increased hospitalizations and emergency care use, decreased adult vaccinations (eg, influenza), poorer self-reported health status, and increased mortality. Low literacy may be difficult to detect because known risk factors (eg, low level of completed education, history of incarceration) may not be present. In addition, adults are often **ashamed** and **may try to conceal** low literacy, sometimes with apparent noncompliance or refusal to cooperate.

Screening reading tests (eg, asking the patient to read the information sheet aloud) are typically discouraged because they may induce anxiety and/or shame **(Choice C)**. However, questions such as "How often do you have other people help you interpret medical documents?" or "How confident are you in filling out medical forms?" may reveal low literacy in a supportive fashion. If a physician suspects that low literacy is contributing to poor patient outcomes, alternative forms of communication such as **visual**

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literacy is contributing to poor patient outcomes, alternative forms of communication such as **visual resources** (eg, illustrations, videos) should be used.

(Choice A) Although adults with low literacy may require additional educational strategies (eg, visual aids) to gain appropriate understanding before making health care decisions, it should not be assumed that they lack decision-making capacity. This patient is likely a capable adult; therefore, further communication should be directed toward him rather than a family member. In addition, as a capable adult, he may choose whom he wishes to involve (eg, girlfriend) or not involve (eg, family member) in his decision-making process.

(Choices B and E) Explaining the condition again or verbally reviewing instructions for scheduling the procedure is unlikely to improve the outcome because many individuals with low literacy experience challenges in both written and spoken communication. Using an alternative mode of education that includes visual learning is more likely to improve comprehension.

Educational objective:
Low literacy can be a significant barrier to appropriate treatment and may be difficult to identify. For patients with suspected low literacy, alternative methods of communication (eg, visual resources) should be used to improve understanding.

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A 40-year-old woman comes to the office due to new-onset genital lesions. On examination, she is found to have several genital warts in her vaginal area. Testing for sexually transmitted infections is otherwise negative. The patient admits to having a brief extramarital affair while traveling for business. The following week, the physician receives a phone call from the patient's husband, who is not a patient in the practice. He knows his wife was recently seen and would like information regarding her health as he is concerned about his physical symptoms. Which of the following would be the most appropriate response by the physician?

A. "Can I speak with your wife to obtain a verbal release of information?"

B. "I will need proof of your identity prior to disclosing information."

C. "If your spouse is a patient here, she would have to provide a release of information."

D. "Is your wife aware that you are calling for her health information?"

E. "What kind of symptoms are you experiencing?"

Submit

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A 40-year-old woman comes to the office due to new-onset genital lesions. On examination, she is found to have several genital warts in her vaginal area. Testing for sexually transmitted infections is otherwise negative. The patient admits to having a brief extramarital affair while traveling for business. The following week, the physician receives a phone call from the patient's husband, who is not a patient in the practice. He knows his wife was recently seen and would like information regarding her health as he is concerned about his physical symptoms. Which of the following would be the most appropriate response by the physician?

A. "Can I speak with your wife to obtain a verbal release of information?" (6%)

B. "I will need proof of your identity prior to disclosing information." (1%)

✓ C. "If your spouse is a patient here, she would have to provide a release of information." (77%)

D. "Is your wife aware that you are calling for her health information?" (3%)

E. "What kind of symptoms are you experiencing?" (11%)

77%
41 secs
01/09/2021

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The **Health Insurance Portability and Accountability Act** (HIPAA) Privacy Rule provides instructions on management of protected health information (PHI). The main goal of HIPAA is protection of **patient privacy and confidentiality**. A physician can respond to a family member's request for information only if the patient has specifically provided **verbal or written authorization** for release of information to the family member.

Due to public health concerns, notifiable infections (eg, HIV, chlamydia, tuberculosis) are an exception to the Privacy Rule and should be reported to the Centers for Disease Control and Prevention (CDC); many states offer partner notification services by local health departments (rather than individual clinicians) to protect patient privacy. However, human papillomavirus infection (eg, genital warts) is not a notifiable infection, and **PHI disclosure without patient consent** (eg, partner notification) would be a **violation of HIPAA**.

(Choice A) Asking the husband to put his wife on the phone to obtain a verbal release of information may inappropriately pressure the patient to consent to disclosure of her personal health information. The patient should be approached privately regarding release of information, which preferably should be obtained in writing.

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should be approached privately regarding release of information, which preferably should be obtained in writing.

(Choice B) Requesting proof of the caller's identity is irrelevant as information cannot be released without the patient's authorization. Although HIPAA does not require proof of identity to respond to callers, providers may establish their own rules for verifying identity.

(Choice D) Asking whether the patient's wife is aware that he is calling does not address the issue at hand, which is the requirement for a release of information prior to disclosure of medical information.

(Choice E) It would be inappropriate for the physician to ask the patient's husband about his physical symptoms as they do not have a patient-doctor relationship at this time. Furthermore, discussing these symptoms may inadvertently violate the patient's confidentiality. Recommending that the husband seek medical evaluation for his symptoms would be reasonable.

Educational objective:
The Health Insurance Portability and Accountability Act protects health information by requiring verbal or written authorization for release of information. Family members who contact the physician for information about their relative should not be given any information about the patient without the patient's consent.

References

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A 23-year-old woman at 8 weeks gestation comes to the office for an initial prenatal visit. The patient has no vaginal bleeding or pelvic pain. On examination, areas of bruising in different stages of healing are seen on the chest and abdomen. When asked about the bruises, the patient states that her boyfriend used to hit her during arguments and was initially angry about the pregnancy. Over the past 3 weeks, he has been more supportive, buying prenatal vitamins and offering massages. Ultrasound examination confirms an 8-week intrauterine gestation and normal fetal heart rate. Which of the following is the most appropriate next step in management of this patient?

A. Advise the patient to stay with a relative for the duration of the pregnancy
B. Provide information about a domestic violence program
C. Recommend the patient file a restraining order against her boyfriend
D. Refer the patient and her boyfriend to couples' counseling
E. Suggest the patient bring her boyfriend to the next appointment

Submit

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A 23-year-old woman at 8 weeks gestation comes to the office for an initial prenatal visit. The patient has no vaginal bleeding or pelvic pain. On examination, areas of bruising in different stages of healing are seen on the chest and abdomen. When asked about the bruises, the patient states that her boyfriend used to hit her during arguments and was initially angry about the pregnancy. Over the past 3 weeks, he has been more supportive, buying prenatal vitamins and offering massages. Ultrasound examination confirms an 8-week intrauterine gestation and normal fetal heart rate. Which of the following is the most appropriate next step in management of this patient?

A. Advise the patient to stay with a relative for the duration of the pregnancy (15%)

✓ B. Provide information about a domestic violence program (76%)

C. Recommend the patient file a restraining order against her boyfriend (0%)

D. Refer the patient and her boyfriend to couples' counseling (1%)

E. Suggest the patient bring her boyfriend to the next appointment (6%)

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Intimate partner violence	
Evaluation	• Routine annual examination • Suspicious signs/symptoms (eg, bruising) • Prenatal visits
Consequences	• Homicide • Mental health disorders (eg, PTSD) • Unintended pregnancy • Pregnancy complications (eg, abruptio placentae) • Sexually transmitted infections
Management	• Safety planning (eg, local shelter referral) • Psychosocial counseling

PTSD = posttraumatic stress disorder.

This patient at 8 weeks gestation with bruising is affected by **intimate partner violence** (IPV), which is any

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This patient at 8 weeks gestation with bruising is affected by **intimate partner violence** (IPV), which is any type of physical, psychologic, or sexual harm committed by a partner or spouse. During **pregnancy and postpartum**, patients and their partners experience marked increases in emotional, physical, and financial stressors. Initially, partners may be angry about the pregnancy but can later become supportive and exhibit gentler behavior. However, as pressure and responsibility increase, the partner may begin to blame the patient and pregnancy.

These factors can cause an increase in IPV during pregnancy, particularly in patients who experienced IPV prepregnancy. Because physical violence is typically directed at both the patient and the fetus (eg, hitting the pregnant abdomen), pregnant women are at significant risk for **maternal morbidity** (eg, injury, depression), homicide, and **pregnancy complications** (eg, preterm labor, abruptio placentae) due to abdominal trauma.

Therefore, screening for IPV is required at the initial prenatal visit, during each trimester, and postpartum. Patients who screen positive should be **assessed for immediate safety** and given additional resources (eg, information about a **domestic violence program**) for long-term safety planning (eg, housing, childcare, finances). In some jurisdictions, there may also be mandatory reporting requirements for IPV

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childcare, finances). In some jurisdictions, there may also be mandatory reporting requirements for IPV during pregnancy.

(Choice A) Advising the patient to stay with a relative for the duration of the pregnancy is not recommended because the provider cannot predict the partner's response (eg, potential increase in violence) or new safety concerns that may arise if the patient abruptly relocates.

(Choice C) Recommending the patient file a restraining order against her boyfriend is inappropriate; the duty of the provider is to assess for imminent risk and provide medical and psychosocial resources, not to offer legal advice. In addition, a restraining order may cause the partner to retaliate.

(Choices D and E) Referring the patient and her boyfriend to couples' therapy or recommending that the patient bring her boyfriend to the next prenatal appointment is inappropriate because confrontation or involvement of the partner at this time could endanger both the patient and the provider.

Educational objective:
Intimate partner violence (IPV) increases during pregnancy and the postpartum period and can cause significant maternal and pregnancy complications. Pregnant patients affected by IPV require immediate safety planning (eg, information about a domestic violence program) and resources for long-term planning.

References

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A 38-year-old recently homeless woman and her 35-year-old boyfriend come to a community clinic seeking care for her pregnancy at 27 weeks. She also brings her 19-year-old son, who has cerebral palsy and has not had consistent medical care. The patient explains to the social worker that the family was recently evicted from their apartment for failure to pay rent after her boyfriend lost his job. Which of these individuals is eligible for Medicare coverage?

A. The woman
B. The woman's boyfriend
C. The woman's child when it is born
D. The woman's disabled son
E. The woman, her boyfriend, and her son

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A 38-year-old recently homeless woman and her 35-year-old boyfriend come to a community clinic seeking care for her pregnancy at 27 weeks. She also brings her 19-year-old son, who has cerebral palsy and has not had consistent medical care. The patient explains to the social worker that the family was recently evicted from their apartment for failure to pay rent after her boyfriend lost his job. Which of these individuals is eligible for Medicare coverage?

A. The woman (6%)
B. The woman's boyfriend (1%)
C. The woman's child when it is born (4%)
✓ D. The woman's disabled son (68%)
E. The woman, her boyfriend, and her son (19%)

Correct

68%
Answered correctly

30 secs
Time Spent

02/13/2021
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Medicare is a federal socialized medical insurance program that covers select individuals. It provides health insurance for patients age 65 and older who have worked and paid into the system (ie, have paid taxes). Individuals must also hold residence and citizenship in the United States. Medicare also covers younger individuals with disabilities, end-stage renal disease, or amyotrophic lateral sclerosis. Medicare consists of several parts, with Part A covering inpatient hospital visits, Part B covering a select number of outpatient services and medical devices, Part C as an optional capitated plan with additional benefits (vision, dental), and Part D as an optional prescription drug plan. Medicare is different from Medicaid, a state-run medical insurance program that covers the homeless, undocumented immigrants, pregnant women, and low-income families.

In this situation, only the disabled son would be eligible for Medicare.

(Choices A, B, C, and E) The pregnant woman, her boyfriend, and the child (when born) can be covered by Medicaid only, not Medicare.

Educational objective:
Medicare is a federal socialized medical insurance program that covers individuals age 65 and older who have a work history and younger individuals with disabilities.

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younger individuals with disabilities, end-stage renal disease, or amyotrophic lateral sclerosis. Medicare consists of several parts, with Part A covering inpatient hospital visits, Part B covering a select number of outpatient services and medical devices, Part C as an optional capitated plan with additional benefits (vision, dental), and Part D as an optional prescription drug plan. Medicare is different from Medicaid, a state-run medical insurance program that covers the homeless, undocumented immigrants, pregnant women, and low-income families.

In this situation, only the disabled son would be eligible for Medicare.

(Choices A, B, C, and E) The pregnant woman, her boyfriend, and the child (when born) can be covered by Medicaid only, not Medicare.

Educational objective:
Medicare is a federal socialized medical insurance program that covers individuals age 65 and older who have a work history and younger individuals with disabilities.

References

- Special issues for younger Medicare beneficiaries with disabilities.

Behavioral science Social Sciences (Ethics/Legal/Professional) Health insurance

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www.ncbi.nlm.nih.gov/pubmed/12675050

A 33-year-old woman is transferred to the university medical center from a small community hospital due to acute pyelonephritis with sepsis. She has a history of recurrent urinary tract infections due to urinary retention related to a spinal cord injury in childhood. On arrival, the patient is febrile and lethargic. She provides no additional history, and the only information available is from poorly legible handwritten notes from the originating hospital. The patient is admitted to the intensive care unit with orders to give imipenem and vancomycin. Overnight, the patient develops a rash and severe respiratory distress requiring brief mechanical ventilation. The following morning, a transcribed physician note from the originating hospital arrives by fax and indicates that the patient has an allergy to multiple antibiotics, including imipenem. When discussing events with the patient and her family, which of the following statements is associated with reduced malpractice liability for the treating clinician?

A. "As your attending physician, this mistake is my fault. I take full responsibility."

B. "I am so sorry an error led to your allergic reaction. I will do my best to help you through it."

C. "There are things you can do to prevent problems like this. I recommend you get an allergy alert bracelet."

D. "Unfortunately, modern antibiotics can have serious side effects. But I am glad to see you are

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A. "As your attending physician, this mistake is my fault. I take full responsibility."

B. "I am so sorry an error led to your allergic reaction. I will do my best to help you through it."

C. "There are things you can do to prevent problems like this. I recommend you get an allergy alert bracelet."

D. "Unfortunately, modern antibiotics can have serious side effects. But I am glad to see you are doing better."

E. "Unfortunately, we did not get information about your medication allergy yesterday. That is why you received the wrong antibiotic."

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A. "As your attending physician, this mistake is my fault. I take full responsibility." (24%)

B. "I am so sorry an error led to your allergic reaction. I will do my best to help you through it." (49%)

C. "There are things you can do to prevent problems like this. I recommend you get an allergy alert bracelet." (2%)

D. "Unfortunately, modern antibiotics can have serious side effects. But I am glad to see you are doing better." (1%)

E. "Unfortunately, we did not get information about your medication allergy yesterday. That is why you received the wrong antibiotic." (21%)

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Reducing malpractice liability from treatment complications	
Initial disclosure	• Acknowledge errors openly • Do not hide errors or other relevant factors • Express empathy and give apology as appropriate • Avoid blaming or denigrating other team members and providers • Allow adequate opportunity for patient questions
Follow-up steps	• Remain engaged in the patient's care • Outline steps to prevent future occurrence

This patient experienced a severe medication allergy with respiratory distress. Although key information did not accompany the patient at the time of transfer, this event was likely preventable. In cases where important information is missing or incomplete, clinicians have a duty to obtain the information as soon as possible. Because of the harm done to the patient, this clinician is at risk for a **medical malpractice claim**.

Most patients who experience complications, even avoidable complications, do not initiate a malpractice lawsuit. Patients who sue providers are typically not driven by financial rewards, but are more likely to be

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possible. Because of the harm done to the patient, this clinician is at risk for a **medical malpractice claim**.

Most patients who experience complications, even avoidable complications, do not initiate a malpractice lawsuit. Patients who sue providers are typically not driven by financial rewards, but are more likely to be motivated by **anger**, **distrust**, or a feeling that the **clinician is not concerned** for their well-being. Often, patients report poor communication from the provider and file a lawsuit simply to get a better understanding of what happened.

When speaking with a patient following a medical error, clinicians should directly and honestly **discuss that an error occurred**; concealing an error can appear dishonest and generate anger if the error is later discovered. The conversation should allow opportunity for the patient to ask **questions**, and answers should be given with language that the patient can understand. A **plan to rectify the error** should be provided. The provider should then convey **concern** for the patient and remain engaged with the patient's care until the issue has been resolved.

(Choice A) Many experts recommend an apology be made to the patient following an error. However, specific blame (including self-blame) is not necessary and may make defending a claim more difficult later.

(Choice C) This statement does not acknowledge that an error occurred and may be taken as blaming the patient. Plans for future prevention should generally come after an open discussion of the initial error.

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provided. The provider should then convey **concern** for the patient and remain engaged with the patient's care until the issue has been resolved.

(Choice A) Many experts recommend an apology be made to the patient following an error. However, specific blame (including self-blame) is not necessary and may make defending a claim more difficult later.

(Choice C) This statement does not acknowledge that an error occurred and may be taken as blaming the patient. Plans for future prevention should generally come after an open discussion of the initial error.

(Choice D) This statement conveys superficial concern but does not acknowledge the error and is likely to be seen as detached or blasé on the part of the clinician.

(Choice E) Although factually correct, this statement conveys no empathy for the patient. It also deflects blame to the referring provider, which often generates distrust toward all of the involved parties.

Educational objective:
When speaking with a patient following a medical error, clinicians should directly discuss the error. The conversation should allow opportunity for the patient to ask questions. A plan to rectify the error should be provided. Finally, the provider should convey concern for the patient and remain engaged with the patient's care.

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A 40-year-old unemployed man with chronic back pain comes to the office for an appointment with a new physician. The patient injured his back in a work accident years ago and has not worked since. He uses marijuana daily to "ease the pain" and admits that a portion of his income goes toward its purchase. The patient says that nothing has changed and asks the physician to sign a disability form so he can continue to collect disability benefits. When the physician asks about his disability and previous treatment, he replies angrily, "I wouldn't be here re-applying for disability if anything had worked" and slams the disability form down on the table. Review of his medical records indicates a normal MRI one year earlier and inconsistent adherence with physical rehabilitation appointments. The patient walks normally with no apparent discomfort or limitations. Which of the following is the most appropriate response by the physician?

A. "I am unable to sign the form due to my concern about your drug use."

B. "I am unable to sign the form due to my concern about inappropriate use of disability benefits."

C. "I can see you are suffering from a painful condition and will sign the form."

D. "I can sign the form because I see that you were previously approved and nothing has changed."

E. "I cannot consider your request until you are able to control your anger."

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C. "I can see you are suffering from a painful condition and will sign the form."

D. "I can sign the form because I see that you were previously approved and nothing has changed."

E. "I cannot consider your request until you are able to control your anger."

F. "I cannot sign the form without further history and assessment."

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patient says that nothing has changed and asks the physician to sign a disability form so he can continue to collect disability benefits. When the physician asks about his disability and previous treatment, he replies angrily, "I wouldn't be here re-applying for disability if anything had worked" and slams the disability form down on the table. Review of his medical records indicates a normal MRI one year earlier and inconsistent adherence with physical rehabilitation appointments. The patient walks normally with no apparent discomfort or limitations. Which of the following is the most appropriate response by the physician?

A. "I am unable to sign the form due to my concern about your drug use." (2%)

B. "I am unable to sign the form due to my concern about inappropriate use of disability benefits." (6%)

C. "I can see you are suffering from a painful condition and will sign the form." (0%)

D. "I can sign the form because I see that you were previously approved and nothing has changed." (0%)

E. "I cannot consider your request until you are able to control your anger." (1%)

F. "I cannot sign the form without further history and assessment." (89%)

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Explanation

In the United States, disability is a form of insurance that is administered by private insurance carriers or by the Social Security Administration. It provides financial assistance to workers who are unable to continue working due to a medical or psychiatric condition. **Certification of disability** by a physician is usually required by these entities before the benefit is granted.

This patient's demand that the physician sign a disability form presents a difficult situation. Pain is highly subjective and, at this point in the interaction, the physician knows very little about this patient. **Possibilities include malingering** or exaggeration of extent of disability to obtain benefits, **inadequately treated** pain, or chronic pain resulting in **legitimate disability**. This patient may also have had negative interactions with health care providers or a psychiatric condition that contributes to his angry, demanding behavior. The best approach is to politely but firmly explain that **determining medical disability requires** further **assessment** of his symptoms, physical **examination**, and testing if indicated.

(Choice A) Many individuals with legitimate medical disabilities may use substances; it is not a reason to deny disability benefits.

(Choice B) It is premature to suggest that this patient is attempting to commit fraud without performing an

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deny disability benefits.

(Choice B) It is premature to suggest that this patient is attempting to commit fraud without performing an appropriate history and physical examination.

(Choices C and D) It is inappropriate to sign the form at this point in the interview without learning more about the patient and his condition. It is incorrect to assume that the previous disability determination was correct and that nothing has changed.

(Choice E) Unless the patient is abusive or creating an unsafe situation, confronting him directly about his anger is not appropriate and will be unlikely to improve the situation.

Educational objective:
Physicians are frequently asked to evaluate whether a patient is entitled to disability benefits. When interacting with demanding patients, it is best to explain that the physician has a responsibility to perform a thorough assessment prior to making this determination.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 65-year-old woman comes to the office accompanied by her husband for follow-up of hypertension. She has been prescribed a thiazide diuretic, and her dose was increased at the last visit due to poorly controlled blood pressure. At today's visit, the patient's blood pressure remains elevated. Her husband says, "I'm trying to do everything I can to get her blood pressure under control. I cook healthy food and remind her to take the medication, but I'm not sure she's taking it." The patient says, "Taking the medication is a hassle; I know my pressure has been high but I feel absolutely fine." Which of the following responses by the physician is the most appropriate?

A. "Given your consistently elevated blood pressure, we'll have to add a second antihypertensive medication."

B. "Let's review how to take your medication and set a reminder on your phone so that you don't forget."

C. "Many patients find it difficult to take medication daily. What hassles have you been experiencing with taking your medication?"

D. "We can consider switching to a different antihypertensive if you don't like the one you're on now."

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A. "Given your consistently elevated blood pressure, we'll have to add a second antihypertensive medication."

B. "Let's review how to take your medication and set a reminder on your phone so that you don't forget."

C. "Many patients find it difficult to take medication daily. What hassles have you been experiencing with taking your medication?"

D. "We can consider switching to a different antihypertensive if you don't like the one you're on now."

E. "Would you feel more comfortable discussing medication without your husband present?"

F. "Your husband is correct to be concerned; what is your understanding of why controlling your blood pressure is important for your health?"

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know my pressure has been high but I feel absolutely fine." Which of the following responses by the physician is the most appropriate?

A. ~~"Given your consistently elevated blood pressure, we'll have to add a second antihypertensive medication."~~ (0%)

B. ~~"Let's review how to take your medication and set a reminder on your phone so that you don't forget."~~ (0%)

✓ C. "Many patients find it difficult to take medication daily. What hassles have you been experiencing with taking your medication?" (84%)

D. ~~"We can consider switching to a different antihypertensive if you don't like the one you're on now."~~ (0%)

E. ~~"Would you feel more comfortable discussing medication without your husband present?"~~ (5%)

✗ F. "Your husband is correct to be concerned; what is your understanding of why controlling your blood pressure is important for your health?" (9%)

Incorrect
Correct answer

84%
Answered correctly

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Nonadherence to medication is a common cause of poor clinical outcomes. Sustaining medication adherence for chronic, **asymptomatic medical conditions** (ie, "silent illnesses"), such as hypertension, is particularly difficult. This patient is likely nonadherent with medication, but her specific concerns about taking the antihypertensive are unclear. There may be multiple reasons for nonadherence, including inadequate understanding of the illness and the role of medication, complicated regimens, medication cost, side effects, illness perceptions, treatment beliefs, and psychological factors (eg, depression, anxiety, cognitive impairment, denial).

The best initial approach is to make the patient feel supported by **normalizing her difficulty** with adherence, followed by **open-ended** and **nonjudgmental exploration** of her reason(s) for nonadherence. Once an alliance is established and the specific factors are identified, the physician can more effectively intervene with a targeted intervention. Strategies to improve adherence include educating the patient; simplifying regimens; choosing generic (less costly) medications; addressing side effects and psychological issues; and increasing supervision, monitoring, and follow-up.

(Choices A and D) It would be inappropriate to recommend a change in medication or addition of a second medication without first addressing her likely nonadherence. These interventions could be considered if her blood pressure remained poorly controlled despite medication adherence.

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(Choices A and D) It would be inappropriate to recommend a change in medication or addition of a second medication without first addressing her likely nonadherence. These interventions could be considered if her blood pressure remained poorly controlled despite medication adherence.

(Choice B) Reviewing the patient's regimen and offering suggestions on how to improve adherence would be premature without first understanding the patient's perspective and exploring her specific concerns about taking her medication.

(Choice E) If the patient seemed reluctant to discuss her medication usage with her husband in the room, the physician might suggest that they speak with her husband not present. There is no evidence to suggest that this is necessary at this time.

(Choice F) Although assessing the patient's understanding of hypertension is important in providing targeted education, this statement aligns the physician with the husband rather than with the patient. She may feel attacked, which could put her on the defensive.

Educational objective:
Identifying and managing nonadherence is critical to improving outcomes for many chronic conditions, including hypertension. Creating an alliance by validating the patient's perspective and using an open-ended, nonjudgmental question is the most effective way to initiate a discussion.

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A 19-year-old man is admitted with delusions, hallucinations, and disorganized behavior. He is diagnosed with schizophrenia, and the physician writes an order to begin aripiprazole "2.0" mg. The patient mistakenly receives 20 mg aripiprazole instead of 2 mg. This order is overlooked during the pharmacy review process, and the nurse fails to question it before administering aripiprazole to the patient. Which of the following is the most effective intervention to reduce this type of error?

A. Confirm dosage with the patient prior to administration
B. Educate physicians to avoid use of trailing zeros
C. Employ computerized systems to flag inappropriate medication orders
D. Remind physicians to be careful with decimal point placement
E. Require 2 nurses to check medication orders
F. Require 2 pharmacists to check all orders

Submit

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A. Confirm dosage with the patient prior to administration (6%)

✓ B. Educate physicians to avoid use of trailing zeros (46%)

C. Employ computerized systems to flag inappropriate medication orders (24%)

D. Remind physicians to be careful with decimal point placement (2%)

E. Require 2 nurses to check medication orders (9%)

F. Require 2 pharmacists to check all orders (9%)

Correct

46%
Answered correctly

45 secs
Time Spent

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www.ncbi.nlm.nih.gov/pubmed/12675050

Illegible orders and transcribing errors are preventable causes of medication errors. In this case, the medication error could be due to an unclear decimal point or a transcription error. Although the increased use of computerized physician order entry systems with drop-down menus for drug, dose, route, and frequency has reduced the incidence of these errors, the systems are not universally available. Physicians must write or enter orders clearly and specifically avoid using trailing zeros to prevent errors in dosage. Studies show that educational interventions to reduce the use of certain abbreviations (eg, QD, µg) and avoid trailing zeros lead to a significant decrease in transcription errors.

(Choice A) Confirming the dosage with the patient may be helpful. However, it is an inadequate double-check due to many patients being unaware of their medication dosage or in a mental state (due to a psychiatric or medical condition) that may prevent them from thinking clearly about it.

(Choice C) Because a particular medication may be available in different dosages, computerized checks with automated alerts may not consistently identify a higher dosage as an error. Computerized systems are helpful in eliminating illegible orders; identifying patients at high risk for an adverse event; and alerting physicians to medication allergies, drug interactions, and dosage limits.

(Choice D) Eliminating trailing zeros entirely is a better option than reminding physicians to be careful placing decimal points.

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(Choice C) Because a particular medication may be available in different dosages, computerized checks with automated alerts may not consistently identify a higher dosage as an error. Computerized systems are helpful in eliminating illegible orders; identifying patients at high risk for an adverse event; and alerting physicians to medication allergies, drug interactions, and dosage limits.

(Choice D) Eliminating trailing zeros entirely is a better option than reminding physicians to be careful placing decimal points.

(Choices E and F) Hiring additional nursing and pharmacy staff to perform double-checks on each medication order would not be cost-effective and would not consistently detect handwritten notation errors, as individuals reviewing the orders may influence each other's opinion.

Educational objective:
Avoiding the use of unsafe abbreviations and trailing zeros in medication orders can help reduce the incidence of medication errors.

References

- Impact of prescriber's handwriting style and nurse's duty duration on the prevalence of transcription errors in public hospitals.

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www.ncbi.nlm.nih.gov/pubmed/23228072

A 56-year-old man comes to the office for follow-up of type 2 diabetes mellitus. He has an extensive family history of complicated type 2 diabetes, and multiple family members have required lower extremity amputations for nonhealing ulcers. The patient has tried multiple oral medications and his most recent hemoglobin A1c is 9.6%. He is now being considered for basal insulin therapy. After an extended discussion of injection technique, the patient tells the clinician that he does not want to initiate insulin. He says, "My diabetes is my own fault. My mother always said I was too fat and was going to get diabetes like my dad. Maybe if I stop eating too much, I wouldn't have to waste your time giving me insulin." Which of the following is the most appropriate response to this patient's statement?

A. "Insulin is the best option for your diabetes right now, and we can work on weight loss later."

B. "It is common for people with diabetes to eventually need insulin. That doesn't mean it is your fault."

C. "It seems you are becoming frustrated with your health. Do you feel like you may be depressed?"

D. "You should never feel like you are wasting my time. Helping patients get better is what makes me happy."

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C. "It seems you are becoming frustrated with your health. Do you feel like you may be depressed?"

D. "You should never feel like you are wasting my time. Helping patients get better is what makes me happy."

E. "You shouldn't blame yourself. Your family history is not something you can control."

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hemoglobin A1c is 9.6%. He is now being considered for basal insulin therapy. After an extended discussion of injection technique, the patient tells the clinician that he does not want to initiate insulin. He says, "My diabetes is my own fault. My mother always said I was too fat and was going to get diabetes like my dad. Maybe if I stop eating too much, I wouldn't have to waste your time giving me insulin." Which of the following is the most appropriate response to this patient's statement?

A. ~~"Insulin is the best option for your diabetes right now, and we can work on weight loss later."~~ (4%)

✓ B. "It is common for people with diabetes to eventually need insulin. That doesn't mean it is your fault." (55%)

C. ~~"It seems you are becoming frustrated with your health. Do you feel like you may be depressed?"~~ (12%)

D. "You should never feel like you are wasting my time. Helping patients get better is what makes me happy." (15%)

E. ~~"You shouldn't blame yourself. Your family history is not something you can control."~~ (11%)

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Counseling patients in treatment failure	
Provide information	• Natural history of condition • Need for second-line or add-on therapy • Treatment failure does not represent personal failure
Facilitate decisions	• Pros & cons of available treatment options • Management choices that respect patient preferences & priorities • Plan for follow-up to determine treatment response

Failure of oral medications is common in long-standing **type 2 diabetes mellitus** due to **progressive loss of pancreatic beta cell function**. Basal insulin therapy is often necessary, especially when multiple agents have failed or when a patient has a hemoglobin A1c >9%.

It is common for patients to have reservations about initiating insulin due to treatment complexity, risk of hypoglycemia, or injection pain. However, this patient is expressing concern that the failure of oral agents represents a **personal inadequacy**; in other words, he thinks that his diabetes is uncontrolled because he has failed to follow lifestyle recommendations (ie, diet).

In counseling patients with treatment failure, especially those who have overpersonalized their medical condition, it is appropriate to review the **natural history** of the condition. In this case, the clinician should

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has failed to follow lifestyle recommendations (ie, diet).

In counseling patients with treatment failure, especially those who have overpersonalized their medical condition, it is appropriate to review the **natural history** of the condition. In this case, the clinician should explain that type 2 diabetes is a progressive disorder and that **escalating treatment regimens** are often the norm. Lifestyle factors (eg, diet, weight loss) should not be neglected but should be discussed in a compassionate, nonjudgmental way, and self-blame should not be encouraged.

(Choice A) Although the clinician should assist the patient in developing weight loss strategies, this patient's hesitation in initiating insulin is primarily related to guilt and self-worth. Once the psychosocial aspects of treatment are addressed, weight loss counseling is likely to be more fruitful.

(Choice C) This patient's frustrations pertain to diabetes and insulin. Once that issue is addressed, if the patient has additional concerns or depressive symptoms in other domains, a more detailed depression assessment could be performed.

(Choice D) This response conveys empathy but diverts attention from the patient to the provider. Such a statement might be appropriate as a cheerful end to the conversation but is not an effective way to initiate further discussion.

(Choice E) This patient's feelings of guilt may be related to his family background, but his concerns focus

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aspects of treatment are addressed, weight loss counseling is likely to be more fruitful.

(Choice C) This patient's frustrations pertain to diabetes and insulin. Once that issue is addressed, if the patient has additional concerns or depressive symptoms in other domains, a more detailed depression assessment could be performed.

(Choice D) This response conveys empathy but diverts attention from the patient to the provider. Such a statement might be appropriate as a cheerful end to the conversation but is not an effective way to initiate further discussion.

(Choice E) This patient's feelings of guilt may be related to his family background, but his concerns focus specifically on his lifestyle habits and diabetic control rather than genetic factors in the etiology of diabetes.

Educational objective:
Failure of oral medications is common in long-standing type 2 diabetes mellitus due to progressive loss of pancreatic beta cell function. Patients should be counseled that because of the natural history of the condition, the need for supplemental insulin is common and does not represent a personal failure.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 28-year-old woman, gravida 2 para 1, comes to the emergency department for evaluation of vaginal bleeding. The patient has had bright red spotting for the past 24 hours but no contractions or leakage of fluid. She is at 31 weeks gestation by last menstrual period and has not had prenatal care this pregnancy. Her first pregnancy ended in an uncomplicated spontaneous vaginal delivery at term. Vital signs and fetal heart rate tracing are normal. Physical examination shows a nontender uterus consistent in size with 31 weeks gestation. A pelvic ultrasound reveals a complete placenta previa. The findings are discussed with the patient, and she states that she would still like to have a vaginal delivery. The physician says, "Unfortunately, the only safe option for delivery is a cesarean delivery." The physician's statement is an example of which of the following ethical principles?

A. Assisted decision-making
B. Directive counseling
C. Informed refusal
D. Shared decision-making
E. Substituted judgment

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bleeding. The patient has had bright red spotting for the past 24 hours but no contractions or leakage of fluid. She is at 31 weeks gestation by last menstrual period and has not had prenatal care this pregnancy. Her first pregnancy ended in an uncomplicated spontaneous vaginal delivery at term. Vital signs and fetal heart rate tracing are normal. Physical examination shows a nontender uterus consistent in size with 31 weeks gestation. A pelvic ultrasound reveals a complete placenta previa. The findings are discussed with the patient, and she states that she would still like to have a vaginal delivery. The physician says, "Unfortunately, the only safe option for delivery is a cesarean delivery." The physician's statement is an example of which of the following ethical principles?

- A. Assisted decision-making (12%)
- ✓ B. Directive counseling (53%)
- C. Informed refusal (18%)
- D. Shared decision-making (4%)
- E. Substituted judgment (11%)

53% 02 mins, 04 secs 10/30/2020

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Most medical decisions are made via shared decision-making, in which the patient's preferences and personal values are considered when discussing ≥2 medically reasonable treatment options **(Choice D)**. However, when there is **only 1 medically reasonable treatment option** that has clearly superior evidence-based support, it is ethically appropriate for the physician to provide **directive counseling**, in which only a single treatment option is recommended to a patient.

This patient has a complete placenta previa, a condition in which the entire placenta covers the cervix, which is associated with a **high risk** of maternal (eg, hemorrhage) and fetal (eg, intrauterine demise) morbidity and mortality with vaginal delivery. Due to these risks, the only safe option for delivery, as stated to this patient, is cesarean delivery. Although this patient prefers a vaginal delivery, it is inappropriate for the physician to discuss this choice as a safe and reasonable option. It is the physician's ethical responsibility to advise against it and provide directive counseling by explaining why a cesarean delivery is medically necessary.

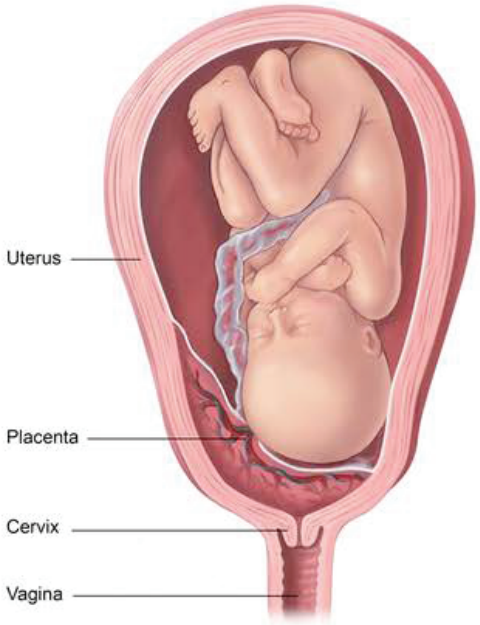
(Choice A) Assisted decision-making occurs when a family member or other caregiver helps the patient in making a medical decision (but does not make the decision for the patient). Common scenarios include when patients have intellectual disability or a potentially reversible impairment in decision-making capacity (eg, fluctuating mental illness [schizophrenia]).

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Exhibit Display

Placenta previa



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(eg, fluctuating mental illness [schizophrenia]).

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medically necessary.

(Choice A) Assisted decision-making occurs when a family member or other caregiver helps the patient in making a medical decision (but does not make the decision for the patient). Common scenarios include when patients have intellectual disability or a potentially reversible impairment in decision-making capacity (eg, fluctuating mental illness [schizophrenia]).

(Choice C) Informed refusal refers to the patient's refusal of a recommended medical treatment following an informed consent discussion (including full disclosure of the risks of refusing treatment). This would occur in this case if, after discussion of the need for cesarean delivery, the patient refuses the procedure.

(Choice E) Substituted judgment occurs when a surrogate decision-maker makes a health care decision for an incapacitated patient based on the surrogate's knowledge of the patient's wishes and values.

Educational objective:
Directive counseling is ethically appropriate when only one treatment option is medically reasonable and has clearly superior evidence-based support. Patients with complete placenta previa should be counseled that cesarean delivery is medically necessary.

Behavioral science | Social Sciences (Ethics/Legal/Professional) | Informed consent

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A 65-year-old man is admitted overnight to the hospital with abdominal pain. It is determined that he has an uncomplicated small bowel obstruction that will require surgery in the morning. Temperature is 37 C (98.6 F), blood pressure is 130/82 mm Hg, and pulse is 90/min. The resident meets with the patient and his adult son, who has accompanied him to the hospital, to discuss surgical intervention. After introducing herself, the resident learns that the patient speaks primarily Vietnamese and has limited English proficiency, although his son speaks both Vietnamese and English. The son shares that he is a critical care nurse and offers to interpret the conversation for his father. Which of the following responses to the patient's son is the most appropriate?

A. "I appreciate your offer to interpret; however, I need to get a trained medical interpreter before I start talking with your father."

B. "I'll print out the Vietnamese version of the consent form. It would be helpful if you could interpret any questions your father may have after reading it."

C. "Thank you. That would be very helpful, especially since you are already familiar with medical terminology."

D. "That would make things much easier; could you start by asking your father what his

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proficiency, although his son speaks both Vietnamese and English. The son shares that he is a critical care nurse and offers to interpret the conversation for his father. Which of the following responses to the patient's son is the most appropriate?

A. "I appreciate your offer to interpret; however, I need to get a trained medical interpreter before I start talking with your father."

B. "I'll print out the Vietnamese version of the consent form. It would be helpful if you could interpret any questions your father may have after reading it."

C. "Thank you. That would be very helpful, especially since you are already familiar with medical terminology."

D. "That would make things much easier; could you start by asking your father what his understanding of the situation is?"

E. "That's a kind offer, but I wouldn't be able to have a direct and objective discussion with your father if you interpret it."

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proficiency, although his son speaks both Vietnamese and English. The son shares that he is a critical care nurse and offers to interpret the conversation for his father. Which of the following responses to the patient's son is the most appropriate?

- A. "I appreciate your offer to interpret; however, I need to get a trained medical interpreter before I start talking with your father." (78%)
- B. "I'll print out the Vietnamese version of the consent form. It would be helpful if you could interpret any questions your father may have after reading it." (3%)
- C. "Thank you. That would be very helpful, especially since you are already familiar with medical terminology." (1%)
- D. "That would make things much easier; could you start by asking your father what his understanding of the situation is?" (4%)
- E. "That's a kind offer, but I wouldn't be able to have a direct and objective discussion with your father if you interpret it." (12%)

Correct

78%
Answered correctly

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Communicating with patients who have limited English proficiency	
Initial consent	• Determine patient's primary/preferred language • Obtain consent for interpreter services
Preferred mode of communication	• Interpreter (or provider) fluent in both medical communication & patient's preferred language
Alternate modes*	• Telephonic or remote interpreter service • Nonprovider staff (eg, medical assistant, receptionist) • Family/friends • Written communication

* Not recommended if medical interpreter can be obtained and patient consents

This patient requires surgical intervention and must give appropriate consent before proceeding. However, he has **limited English proficiency** (LEP) and will require language assistance to make informed decisions about his health care. Best practices for medical communication with a patient who has LEP is to use an interpreter (or provider) trained in medical translation in the patient's primary language. Using a **trained medical interpreter** can help avoid potentially dangerous miscommunication and leads to fewer

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This patient requires surgical intervention and must give appropriate consent before proceeding. However, he has **limited English proficiency** (LEP) and will require language assistance to make informed decisions about his health care. Best practices for medical communication with a patient who has LEP is to use an interpreter (or provider) trained in medical translation in the patient's primary language. Using a **trained medical interpreter** can help avoid potentially dangerous miscommunication, and leads to fewer clinical errors, higher patient satisfaction, and better clinical outcomes. However, using an interpreter or other personnel to provide care is subject to **consent by the patient**.

If a face-to-face interpreter is unavailable, video or telephonic remote translation services should be offered. If the situation is urgent and there is no time to wait for interpretation services, communication should be facilitated by any tools available (eg, friends/family, writing/drawing instruments, bilingual hospital staff); however, these options should not be considered standard procedure in nonemergency situations.

(Choice B) Printing out a Vietnamese language informed consent form would be helpful. However, it does not replace the need for a medical interpreter who can provide details of the procedure and guarantee that the patient's questions are answered thoroughly.

(Choices C and D) Friends and family members are not ideal for language interpretation due to lack of impartiality and possible barriers to open communication regarding sensitive topics (eg, domestic abuse).

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the patient's questions are answered thoroughly.

(Choices C and D) Friends and family members are not ideal for language interpretation due to lack of impartiality and possible barriers to open communication regarding sensitive topics (eg, domestic abuse). They may also be unfamiliar with medical terminology and may struggle to accurately convey complex medical information (although this patient's son has medical training). This patient should be offered the services of a trained medical translator; family would be used only if the patient declines an outside translator.

(Choice E) Although this statement reflects a potential reason to avoid using family members as interpreters, there is nothing in the family interaction to suggest a lack of objectivity, and such a direct response may be taken as demeaning or insensitive.

Educational objective:

Physicians must ensure the appropriate use of medical interpreters to promote adequate patient understanding and participation in the decision-making process. This is particularly important when obtaining informed consent for treatment.

References

- Interpreters in health care: a concise review for clinicians.

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A 46-year-old man comes to the emergency department with chest pain that began 30 minutes ago. The patient describes the pain as a tight, squeezing sensation that radiates to the left arm. He also has increased sweating and nausea. ECG shows multi-lead ST-segment elevation, and cardiac troponin levels are high. The patient has a history of alcohol and cocaine abuse, but no history of cardiac disease. He undergoes emergency cardiac catheterization and is recovering appropriately in the postanesthetic care unit. The physician is approached by a distraught woman who says she is the patient's wife and asks about his condition. She says, "I am so worried; please tell me if my husband is okay." Which of the following is the most appropriate course of action?

A. Discuss the patient's medical information with the woman due to the seriousness of his condition

B. Discuss the patient's status with the woman only if she has appropriate identification

C. Explain to the woman that no information can be disclosed without the patient's permission

D. Explain to the woman that the patient's status cannot be disclosed as there is no way to be sure she is his spouse

E. Tell the woman that the patient is stable, but that further details will have to wait until the patient can give permission

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patient describes the pain as a tight, squeezing sensation that radiates to the left arm. He also has increased sweating and nausea. ECG shows multi-lead ST-segment elevation, and cardiac troponin levels are high. The patient has a history of alcohol and cocaine abuse, but no history of cardiac disease. He undergoes emergency cardiac catheterization and is recovering appropriately in the postanesthetic care unit. The physician is approached by a distraught woman who says she is the patient's wife and asks about his condition. She says, "I am so worried; please tell me if my husband is okay." Which of the following is the most appropriate course of action?

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B. Discuss the patient's status with the woman only if she has appropriate identification

C. Explain to the woman that no information can be disclosed without the patient's permission

D. Explain to the woman that the patient's status cannot be disclosed as there is no way to be sure she is his spouse

E. Tell the woman that the patient is stable, but that further details will have to wait until the patient can give permission

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increased sweating and nausea. ECG shows multi-lead ST-segment elevation, and cardiac troponin levels are high. The patient has a history of alcohol and cocaine abuse, but no history of cardiac disease. He undergoes emergency cardiac catheterization and is recovering appropriately in the postanesthetic care unit. The physician is approached by a distraught woman who says she is the patient's wife and asks about his condition. She says, "I am so worried; please tell me if my husband is okay." Which of the following is the most appropriate course of action?

A. Discuss the patient's medical information with the woman due to the seriousness of his condition (1%)

B. Discuss the patient's status with the woman only if she has appropriate identification (7%)

C. Explain to the woman that no information can be disclosed without the patient's permission (22%)

D. Explain to the woman that the patient's status cannot be disclosed as there is no way to be sure she is his spouse (1%)

E. Tell the woman that the patient is stable, but that further details will have to wait until the patient can give permission (67%)

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While this patient is undergoing emergency treatment for acute myocardial infarction, a woman who claims to be his wife arrives at the hospital and asks about his medical condition. The Health Insurance Portability and Accountability Act **(HIPAA)** is designed to **protect patient privacy**. This **requires** the patient's explicit **consent** (or lack of objection when given the opportunity) **to share medical information** with others, including family and friends.

When the patient is **incapacitated** or is not present, **basic information can be shared** if, in the physician's professional judgment, doing so is in the patient's **best interest**. In this case, there is no way of knowing for sure whether informing this woman (whether she is his wife or not) is in the patient's best interest. However, the woman is distressed, and leaving her to worry for an extended period while the patient is recovering could cause the patient emotional harm if she is indeed family. The best approach to protect the patient's privacy is to explain that he is stable, but that further information (including general diagnostic and treatment information) cannot be shared until he is asked for and provides consent.

(Choice A) This discussion would violate the patient's privacy.

(Choices B and D) This patient has not given permission to release information to the presumed wife, even if she provides identification or marital status is confirmed. For instance, the patient could be undergoing a contentious divorce and not want any information released to his wife. HIPAA does not

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(Choices B and D) This patient has not given permission to release information to the presumed wife, even if she provides identification or marital status is confirmed. For instance, the patient could be undergoing a contentious divorce and not want any information released to his wife. HIPAA does not require proof of identity if the patient has given permission to share information.

(Choice C) Providing minimal information that the patient is "stable" would be appropriate. This response protects the patient's privacy by not revealing the diagnosis or other medical details, but also limits emotional harm to the patient by informing those who are likely to be family about the patient's condition. If permission to share information is obtained later, the physician should ask the patient whether he prefers that potentially sensitive details be omitted (eg, if the myocardial infarction was due to cocaine use and the patient did not want this revealed).

Educational objective:

Under the Health Insurance Portability and Accountability Act, physicians may disclose patient information to friends and family members in emergency situations or when the patient is otherwise incapacitated, depending on what is in the best interest of the patient. Otherwise, patient information may be disclosed only when the patient gives explicit permission or does not object when given a reasonable opportunity.

References

- HIPAA and talking with family caregivers: what does the law really say?

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www.ncbi.nlm.nih.gov/pubmed/31935351

A 79-year-old man is admitted to the hospital for exacerbation of chronic obstructive pulmonary disease. His other medical problems include coronary artery disease, type 2 diabetes mellitus, and obesity. The patient has smoked cigarettes daily for more than 50 years. His wife is concerned about his health due to multiple hospitalizations over the last year for various complications related to his comorbidities. After performing a thorough history and physical examination, the physician decides to continue the patient's existing medications for diabetes and heart disease. Admission orders also include supplemental oxygen, bronchodilators, antibiotics, and systemic corticosteroids. Which of the following additional components is most essential to include during the admission process?

A. Discussion about diet and exercise to improve glycemic control and heart health

B. Discussion of advance directives and the patient's wishes for end-of-life care

C. Discussion regarding smoking cessation to reduce his risk of dying from heart or lung disease

D. Documentation of a will that ensures personal and financial matters are organized

E. Documentation of insurance coverage as the patient may require supplemental oxygen post-discharge

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His other medical problems include coronary artery disease, type 2 diabetes mellitus, and obesity. The patient has smoked cigarettes daily for more than 50 years. His wife is concerned about his health due to multiple hospitalizations over the last year for various complications related to his comorbidities. After performing a thorough history and physical examination, the physician decides to continue the patient's existing medications for diabetes and heart disease. Admission orders also include supplemental oxygen, bronchodilators, antibiotics, and systemic corticosteroids. Which of the following additional components is most essential to include during the admission process?

A. Discussion about diet and exercise to improve glycemic control and heart health (2%)

✓ B. Discussion of advance directives and the patient's wishes for end-of-life care (69%)

C. Discussion regarding smoking cessation to reduce his risk of dying from heart or lung disease (23%)

D. Documentation of a will that ensures personal and financial matters are organized (1%)

E. Documentation of insurance coverage as the patient may require supplemental oxygen post-discharge (2%)

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Explanation

Advance directives detail a patient's instructions for future care and treatment in the event the patient lacks decision-making capacity. There are two main types of advance directives: a living will and a health care proxy. A **living will** specifies the patient's end-of-life wishes and often includes specific guidelines regarding intubation, cardiopulmonary resuscitation, enteral feeding, and other life-prolonging interventions. Given the breadth of medical scenarios that can arise, not all decisions can be accounted for in a living will. Therefore, a **health care proxy** document is essential, designating a specific individual to make health care decisions on the patient's behalf should the patient become incapacitated.

As part of the admission process, all patients should be asked about the presence of advance directives as well as preferences for resuscitation (eg, full code, do not resuscitate [DNR], do not intubate [DNI], comfort measures only [hospice]). Patients should be informed of options for creating advance directives if they do not have them.

(Choices A, C, D, and E) Although these are important topics to discuss, they are not essential to address during an initial encounter with a hospitalized patient.

Educational objective:

The admission process should include discussion of advance directives and code status to ensure that

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regarding intubation, cardiopulmonary resuscitation, enteral feeding, and other life-prolonging interventions. Given the breadth of medical scenarios that can arise, not all decisions can be accounted for in a living will. Therefore, a **health care proxy** document is essential, designating a specific individual to make health care decisions on the patient's behalf should the patient become incapacitated.

As part of the admission process, all patients should be asked about the presence of advance directives as well as preferences for resuscitation (eg, full code, do not resuscitate [DNR], do not intubate [DNI], comfort measures only [hospice]). Patients should be informed of options for creating advance directives if they do not have them.

(Choices A, C, D, and E) Although these are important topics to discuss, they are not essential to address during an initial encounter with a hospitalized patient.

Educational objective:
The admission process should include discussion of advance directives and code status to ensure that medical personnel adhere to the patient's specific wishes in the event that the patient becomes incapacitated.

References

- Advance directives

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A 38-year-old woman comes to the office due to worsening dysmenorrhea and tension headaches for the past 3 months. She was recently promoted to school principal and says, "It is more stressful than I anticipated; I often have to work late to catch up on paperwork and am not sleeping very well." The patient is married and has no children. While answering questions regarding her sexual history, she bursts into tears. When the physician asks the patient what is upsetting her, she covers her face and says she was sexually abused as a child. Which of the following is the most appropriate response to the patient?

A. "I appreciate you sharing this with me; would you consider talking to a therapist about this as well?"

B. "I can see this is upsetting for you; we can talk about this another time when you're ready."

C. "I understand how difficult this is to discuss; could you tell me more about what happened?"

D. "I'm very sorry that happened to you; do you often experience flashbacks or nightmares related to the abuse?"

E. "This must be very painful to talk about; I'm here to listen and help you through this."

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A 36-year-old woman comes to the office due to worsening dysmenorrhea and tension headaches for the past 3 months. She was recently promoted to school principal and says, "It is more stressful than I anticipated; I often have to work late to catch up on paperwork and am not sleeping very well." The patient is married and has no children. While answering questions regarding her sexual history, she bursts into tears. When the physician asks the patient what is upsetting her, she covers her face and says she was sexually abused as a child. Which of the following is the most appropriate response to the patient?

A. "I appreciate you sharing this with me; would you consider talking to a therapist about this as well?" (3%)

B. "I can see this is upsetting for you; we can talk about this another time when you're ready." (5%)

C. "I understand how difficult this is to discuss; could you tell me more about what happened?" (5%)

D. "I'm very sorry that happened to you; do you often experience flashbacks or nightmares related to the abuse?" (3%)

✓ E. "This must be very painful to talk about; I'm here to listen and help you through this." (81%)

Correct

81%
Answered correctly

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Physicians must respond to **revelations** of sexual **abuse** with clear expressions of empathy and support. Conveying **empathy** by acknowledging the patient's distress and a **willingness to listen** to the patient's thoughts and feelings about the abuse is the most appropriate initial response. This empathic acknowledgment will help the patient feel understood and strengthen the physician-patient relationship. Once this initial support is established, further resources and referrals can be offered as needed.

Patients will have varying degrees of comfort in discussing prior trauma, and the physician should **follow** the **patient's lead** in exploring this sensitive area. Patients should be given the opportunity to talk about the abuse but should not be pressured into doing so. Some patients may indicate that they are not ready or willing to talk more about the trauma. In these cases, the physician should acknowledge the trauma and convey willingness to discuss it in the future.

(Choice A) Although referral to a therapist may be indicated later, the physician should initially communicate willingness to hear about the trauma directly.

(Choice B) This statement acknowledges the patient's distress but assumes that she does not wish to talk about the abuse. It may also convey that the physician does not want to listen. It is more appropriate to provide an opportunity for the patient to disclose details if she is willing.

(Choice C) This response puts pressure on the patient to provide further details without first assessing her

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about the abuse. It may also convey that the physician does not want to listen. It is more appropriate to provide an opportunity for the patient to disclose details if she is willing.

(Choice C) This response puts pressure on the patient to provide further details without first assessing her willingness to divulge more about the abuse.

(Choice D) This statement expresses sympathy (feeling sorry for) rather than empathy (understanding the patient's feelings) and redirects the conversation away from the patient's emotional distress to screening her for symptoms of posttraumatic stress disorder. This could be perceived by the patient as an implicit message that the physician is not comfortable with or willing to discuss her emotions. Asking further questions about her response to the trauma could be appropriate later in the interview.

Educational objective:

Physicians should respond to disclosure of past sexual abuse with empathy and concern. Clearly acknowledging the trauma and communicating a willingness to discuss it when the patient is ready will help strengthen the physician-patient relationship.

References

- Standard operating procedures for taking a sexual history.
- Best practices in North American pre-clinical medical education in sexual history taking: consensus from

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A 26-year-old woman comes to the emergency department accompanied by her boyfriend for evaluation of a broken nose. With the boyfriend present, she explains that she tripped and fell in the bathroom, hitting her face on the countertop. When asked privately if she feels unsafe with her boyfriend, the patient says, "No, everything is fine. He just gets a little upset when he has too much to drink." When questioned further about how she sustained her nasal fracture, she says, "He pushed me and I fell, but I'm sure it won't happen again." After assessing the extent of the injuries, which of the following statements by the physician is the most appropriate?

A. "How do you know your boyfriend won't hurt you again the next time he drinks too much?"

B. "I can give you a list of domestic violence programs, but you have to decide if you want to get help."

C. "This relationship seems unsafe to me; can you help me understand why you remain in it?"

D. "You deserve to be safe; where could you go if you felt unsafe?"

E. "Your injury is concerning; do you understand why I am worried about your safety?"

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A 26-year-old woman comes to the emergency department accompanied by her boyfriend for evaluation of a broken nose. With the boyfriend present, she explains that she tripped and fell in the bathroom, hitting her face on the countertop. When asked privately if she feels unsafe with her boyfriend, the patient says, "No, everything is fine. He just gets a little upset when he has too much to drink." When questioned further about how she sustained her nasal fracture, she says, "He pushed me and I fell, but I'm sure it won't happen again." After assessing the extent of the injuries, which of the following statements by the physician is the most appropriate?

A. "How do you know your boyfriend won't hurt you again the next time he drinks too much?" (2%)

B. "I can give you a list of domestic violence programs, but you have to decide if you want to get help." (9%)

C. "This relationship seems unsafe to me; can you help me understand why you remain in it?" (4%)

✓ D. "You deserve to be safe; where could you go if you felt unsafe?" (59%)

E. "Your injury is concerning; do you understand why I am worried about your safety?" (23%)

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Assessment of intimate partner violence	
Signs	• Location of injuries (eg, genitals, torso, face, head, neck) • Inconsistent explanation, evasive, fearful • Nonadherence to follow-up, emergency department visits • Partner who resists patient being seen alone • Discomfort in examination, sexually transmitted infections, chronic pelvic pain
Interview strategies	• Ensure privacy • Nonjudgmental, empathic, open-ended questions • Avoid pressuring to disclose abuse or report or leave partner • Assess immediate safety; determine emergency safety plan, provide referrals for resources as needed (eg, shelters, domestic violence agency, mental health)

This patient shows several signs suggestive of **intimate partner violence (IPV)** (eg, head injury; inconsistent explanation of injury; reluctance to disclose, especially in partner's presence). As in this case, many people in abusive relationships do not seek assistance and may **minimize or deny abuse** due to shame, fear of partner retaliation, doubt that there is any alternative, or belief that the abuse is deserved.

The best initial approach is gentle, **supportive, open-ended inquiry** followed by a **safety assessment**

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The best initial approach is gentle, **supportive**, **open-ended inquiry** followed by a **safety assessment** and identification of emergency **safety plans**. Although the patient currently denies feeling unsafe, she should be asked if she has a plan in case violence escalates in the future. Helping the patient to develop a personalized safety plan (ie, identifying where the patient would go if feeling unsafe) is a priority.

(Choice A) Direct confrontation of this patient's denial would likely place the patient on the defensive and be perceived as unsupportive. This communication would be unlikely to overcome her reluctance to seek help for IPV.

(Choice B) Patients should be encouraged and empowered to speak to physicians about IPV. Simply providing this patient with a referral list and placing the entire burden of getting help on her is likely to leave the patient feeling abandoned and decrease the chances of her seeking assistance now and in the future.

(Choice C) The reasons why a patient stays in an abusive relationship are complex. Asking the patient why she remains in the relationship implies that she should have left; it is also likely to be perceived as judgmental and might discourage her from seeking help in the future.

(Choice E) Asking the patient if she understands why the physician is concerned is condescending and judgmental. It is a closed-ended question that would likely discourage the patient from discussing her own feelings and fears.

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(Choice B) Patients should be encouraged and empowered to speak to physicians about IPV. Simply providing this patient with a referral list and placing the entire burden of getting help on her is likely to leave the patient feeling abandoned and decrease the chances of her seeking assistance now and in the future.

(Choice C) The reasons why a patient stays in an abusive relationship are complex. Asking the patient why she remains in the relationship implies that she should have left; it is also likely to be perceived as judgmental and might discourage her from seeking help in the future.

(Choice E) Asking the patient if she understands why the physician is concerned is condescending and judgmental. It is a closed-ended question that would likely discourage the patient from discussing her own feelings and fears.

Educational objective:

Patients experiencing intimate partner violence should be approached in a supportive, nonjudgmental, open-ended manner. A thorough safety assessment and development of a personalized emergency safety plan are essential.

References

- Managing intimate partner violence in the emergency department.
- Screening and counselling in the primary care setting for women who have experienced intimate partner

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www.ncbi.nlm.nih.gov/pubmed/23598181

A 46-year-old woman is hospitalized due to severe depression and fatigue. She has no other medical problems. Routine laboratory tests are ordered and the patient is started on antidepressant medication. After a week, her depression improves slightly and she is discharged home to continue with outpatient care. However, the patient remains severely fatigued and is unable to return to her job, forcing her to take a leave of absence. At her follow-up appointment 2 weeks later, review of the hospital record by the outpatient physician reveals a TSH level of 15.2 μU/mL that was never addressed by the inpatient physician. Subsequent evaluation and treatment with thyroid hormone result in rapid improvement of her depression and fatigue. Which of the following is the appropriate categorization for this type of medical error?

A. Malpractice
B. Near miss
C. Non-preventable adverse event
D. Preventable adverse event
E. Sentinel event

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After a week, her depression improves slightly and she is discharged home to continue with outpatient care. However, the patient remains severely fatigued and is unable to return to her job, forcing her to take a leave of absence. At her follow-up appointment 2 weeks later, review of the hospital record by the outpatient physician reveals a TSH level of 15.2 μU/mL that was never addressed by the inpatient physician. Subsequent evaluation and treatment with thyroid hormone result in rapid improvement of her depression and fatigue. Which of the following is the appropriate categorization for this type of medical error?

A. Malpractice (18%)
B. Near miss (13%)
C. Non-preventable adverse event (0%)
D. Preventable adverse event (61%)
E. Sentinel event (6%)

Correct
61%
01 min, 28 secs
12/27/2020

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Hypothyroidism is a known cause of depression and is routinely screened for with a TSH level. This patient's elevated level (normal: 0.5-5.0 µU/mL) should have been detected during hospitalization and prompted further workup. The inpatient physician's failure to note and address the abnormality is a **preventable medical error** that resulted in **delayed diagnosis**. Preventable medical errors involve harm to the patient by an **act of commission or omission** rather than from the underlying disease and are the result of **failure to follow** evidence-based **best practice guidelines**.

(Choice A) Malpractice is a legal determination; it involves situations in which the treatment provided is below the accepted standard of practice and has resulted in injury or death to the patient. It is not a category of medical error but rather refers to the consequence of many different types of errors that result in harm.

(Choice B) A near miss is a medical error that is recognized before any harm is done to the patient (eg, a patient is prescribed a lethal dose of medication, but the error is caught by the pharmacist). In contrast, the patient in this case has been harmed by the delay in appropriate diagnosis and treatment.

(Choice C) This error would have been prevented if the physician had adhered to the standard of care. A non-preventable adverse event is a complication that cannot be prevented given the current state of medical knowledge (eg, an allergic reaction to a medication in a patient with no known history of drug

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patient is prescribed a lethal dose of medication, but the error is caught by the pharmacist). In contrast, the patient in this case has been harmed by the delay in appropriate diagnosis and treatment.

(Choice C) This error would have been prevented if the physician had adhered to the standard of care. A non-preventable adverse event is a complication that cannot be prevented given the current state of medical knowledge (eg, an allergic reaction to a medication in a patient with no known history of drug allergies).

(Choice E) A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury (eg, inpatient suicide, death of a full-term infant, retained object after surgery) that requires immediate investigation.

Educational objective:
A preventable adverse event is defined as injury to a patient due to failure to follow evidence-based best practice guidelines.

References

- Reducing medical errors and adverse events.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient safety
Subject	System	Topic

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A 30-year-old woman comes to the gynecologist's office for an annual physical examination. The patient is in good health and does not report any symptoms. She shares that she has been reading about tubal ligation and would like to undergo the procedure because she is tired of using oral contraceptives and does not want to have children. She has had no adverse effects to oral contraceptives. The patient has been married for 10 years and describes the relationship as very stable. Which of the following is the most appropriate response to the patient's request for tubal ligation?

A. "I appreciate your reasoning for wanting a more permanent solution; have you talked about this decision with your spouse?"

B. "I can see you've thought about this procedure; let's talk about the risks and benefits of tubal ligation."

C. "I'm glad you haven't had adverse effects with oral contraceptives; what do you find to be most bothersome about taking the pill?"

D. "It is difficult to take a pill every day, but there are other long-term birth control options we could discuss."

E. "This procedure is very difficult to reverse; let's discuss why it is not recommended for women

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C. "I'm glad you haven't had adverse effects with oral contraceptives; what do you find to be most bothersome about taking the pill?"

D. "It is difficult to take a pill every day, but there are other long-term birth control options we could discuss."

E. "This procedure is very difficult to reverse; let's discuss why it is not recommended for women your age."

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not want to have children. She has had no adverse effects to oral contraceptives. The patient has been married for 10 years and describes the relationship as very stable. Which of the following is the most appropriate response to the patient's request for tubal ligation?

A. "I appreciate your reasoning for wanting a more permanent solution; have you talked about this decision with your spouse?" (2%)

✓ B. "I can see you've thought about this procedure; let's talk about the risks and benefits of tubal ligation." (67%)

C. "I'm glad you haven't had adverse effects with oral contraceptives; what do you find to be most bothersome about taking the pill?" (20%)

D. "It is difficult to take a pill every day, but there are other long-term birth control options we could discuss." (7%)

E. "This procedure is very difficult to reverse; let's discuss why it is not recommended for women your age." (0%)

Correct

67%
Answered correctly

01 min, 02 secs
Time Spent

10/25/2020
Last Updated

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Every individual has **autonomy** over his/her own body, including **reproductive** health **decisions** (eg, sterilization, contraception). In this case, the patient is requesting a specific procedure, and it is the physician's duty to **discuss** the specific **risks and benefits** of a tubal ligation and alternative contraceptive methods. Although the physician should ensure that the patient understands the permanent nature of tubal ligation compared to other forms of birth control, expressing partiality bias at this stage should be avoided. The discussion should be **patient centered** and focus on the patient's own reproductive goals.

(Choice A) This statement shifts the focus to the patient's partner. Although the physician can encourage the patient to share and discuss her decision to undergo the procedure with her partner, the physician should respect the patient's autonomy and focus on her understanding of the procedure and its risks and benefits.

(Choices C and D) These statements ignore the patient's request for a tubal ligation and shift the focus to exploring her difficulty taking birth control pills, which may be perceived as judgmental and biased. A patient-centered approach should focus on risks and benefits of the procedure the patient is requesting as well as alternatives.

(Choice E) Although this statement provides necessary information regarding the permanence of tubal ligation, it immediately introduces the physician's bias, which may be experienced as coercive (ie,

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(Choice E) Although this statement provides necessary information regarding the permanence of tubal ligation, it immediately introduces the physician's bias, which may be experienced as coercive (ie, pressuring the patient's decision). The risks and the benefits should be provided to help the patient come to a balanced decision.

Educational objective:
Physicians should support patient autonomy in making reproductive health decisions. Physicians should counsel patients regarding the risks, benefits, and alternatives to any procedure they are requesting.

References

- The collaborative autonomy model of medical decision-making.
- Elements for adequate informed consent in the surgical context.

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A 4-year-old boy is brought to the emergency department by his parents due to an asthma exacerbation. He has a history of poorly controlled asthma, with multiple emergency department visits and poor follow-up adherence. His mother is working 2 jobs to support the family and says she has difficulty bringing the patient to appointments. On examination, a well-demarcated, round burn mark is seen on the boy's thigh. When asked about the burn, the patient says, "That happens every time I'm bad." His mother corrects him and says that it was an accident resulting from the boy "playing with the cigarette lighter in the car." Which of the following is the best next step in management of this patient?

A. Arrange for medical hospitalization to ensure the child's safety
B. Contact Child Protective Services
C. Obtain a blood panel and full-body x-rays of the child
D. Question the parents to determine if they have abused the child
E. Request a social work assessment to confirm the abuse
F. Seek permission from the parents to interview the patient alone

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He has a history of poorly controlled asthma, with multiple emergency department visits and poor follow-up adherence. His mother is working 2 jobs to support the family and says she has difficulty bringing the patient to appointments. On examination, a well-demarcated, round burn mark is seen on the boy's thigh. When asked about the burn, the patient says, "That happens every time I'm bad." His mother corrects him and says that it was an accident resulting from the boy "playing with the cigarette lighter in the car." Which of the following is the best next step in management of this patient?

A. Arrange for medical hospitalization to ensure the child's safety (5%)
B. Contact Child Protective Services (49%)
C. Obtain a blood panel and full-body x-rays of the child (2%)
D. Question the parents to determine if they have abused the child (0%)
E. Request a social work assessment to confirm the abuse (8%)
F. Seek permission from the parents to interview the patient alone (33%)

Correct
49%
45 secs
02/11/2021

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Features of possible child abuse	
Risk factors	**Caregiver background** • Young or single parents • Lower education levels • Drug or alcohol abuse • Psychiatric conditions (depression, impulse control disorders) • History of childhood abuse **Home environment** • Unstable family situation (eg, divorce, conflict) • Financial difficulties, job loss • Lack of social support • Domestic violence **Victims** • Physical, intellectual, or emotional disabilities • Unplanned pregnancy/unwanted child
	• Unexplained or implausible injuries

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Clinical presentation	• Unexplained or implausible injuries • Injuries in different stages of healing • Malnutrition • Sudden behavioral or scholastic changes

This child's characteristic cigarette burn and inconsistent explanation of how the injury occurred are concerning for physical abuse. Other risk factors in this case include the family's financial strain and poor follow-up with medical care. When evaluating an injured child, physicians must carefully screen for historical inconsistencies, alarming physical findings, or significant socio-familial risk factors. Physicians are **legally obligated** to **report** any **suspected child abuse** to Child Protective Services (CPS) for further investigation.

Signs suggestive of abuse include: multiple injuries of different types and stages of healing, pathognomonic injuries (eg, cigarette burns, symmetrical buttocks scalding), unwillingness to use an extremity, retinal hemorrhages, genital trauma, signs of neglect (eg, uncleanliness, malnourishment), and significant emotional or behavioral disturbances (eg, excessive compliance, pseudomaturity).

(Choice A) Hospitalization may be necessary depending on further history and evaluation and/or if CPS deems the child to be unsafe.

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emotional or behavioral disturbances (eg, excessive compliance, pseudomaturity).

(Choice A) Hospitalization may be necessary depending on further history and evaluation and/or if CPS deems the child to be unsafe.

(Choice C) Thorough laboratory testing and a radiologic skeletal survey (x-ray imaging) are essential to ensure the proper diagnosis is made. However, the results of these tests take time, and they should not delay reporting suspected abuse.

(Choice D) Confronting the parents is risky because they may become argumentative or violent or flee the hospital with the child. It is therefore preferable to contact CPS immediately if there are concerns for child abuse.

(Choice E) Social workers can help navigate complex family dynamics, gather more history, and manage parental reactions to staff concerns about abuse. However, confirmation of abuse is not required for reporting purposes; suspicion is enough.

(Choice F) This child has already disclosed an incident of potential abuse; it is not necessary to interview him alone prior to contacting CPS. In cases of suspected abuse where there is lack of disclosure, it is important to provide a safe and confidential place for patients to talk to the physician.

Educational objective:

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Educational objective:
Physicians should contact Child Protective Services immediately if there is suspicion of child abuse.

References

- Aspects of abuse: recognizing and responding to child maltreatment.

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www.ncbi.nlm.nih.gov/pubmed/25771266

A 3-year-old boy is brought to the emergency department with a fever and stiff neck. The child is hospitalized and begins treatment with intravenous antibiotics for a diagnosis of bacterial meningitis. On day 2 of the hospitalization, the mother requests to take the child home and explains that she intends to treat him with homeopathic remedies. She has 4 other children at home who have never needed vaccinations or medication and are "strong and healthy." The physician explains the risks of meningitis, including brain damage and death, but the mother remains unconvinced of the need for hospitalization. Which of the following is the most appropriate course of action?

A. Arrange for a visiting nurse to administer intravenous antibiotics at home

B. Consult the hospital ethics committee

C. Discharge against medical advice with instructions to return if the child's condition deteriorates

D. Discharge the patient on oral antibiotics

E. Obtain a court injunction to mandate continued treatment

Submit

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A 3-year-old boy is brought to the emergency department with a fever and stiff neck. The child is hospitalized and begins treatment with intravenous antibiotics for a diagnosis of bacterial meningitis. On day 2 of the hospitalization, the mother requests to take the child home and explains that she intends to treat him with homeopathic remedies. She has 4 other children at home who have never needed vaccinations or medication and are "strong and healthy." The physician explains the risks of meningitis, including brain damage and death, but the mother remains unconvinced of the need for hospitalization. Which of the following is the most appropriate course of action?

A. ~~Arrange for a visiting nurse to administer intravenous antibiotics at home~~ (5%)

B. ~~Consult the hospital ethics committee~~ (13%)

C. Discharge against medical advice with instructions to return if the child's condition deteriorates (19%)

D. ~~Discharge the patient on oral antibiotics~~ (2%)

E. Obtain a court injunction to mandate continued treatment (58%)

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Untreated bacterial meningitis is a medically dangerous and potentially lethal condition. This mother's decision to take her child home and discontinue intravenous (IV) antibiotics after only 2 days places the child and his siblings at significant risk of serious harm and death. Physicians have an ethical duty to advocate for the best interests of the child and, in such cases, should challenge parental authority to make medical decisions for the child. The physician should first attempt to address the parent's concerns about hospitalization and possible misconceptions about the risks of meningitis. When efforts to resolve the situation are unsuccessful, a court order or involvement of a state child protection agency may become necessary.

(Choices A and D) Children with bacterial meningitis are at especially high risk for complications (eg, increased intracranial pressure, seizures) during the first few days of treatment and require hospital level of care. Oral antibiotics do not adequately penetrate the cerebrospinal fluid and are not a substitute for IV antibiotics. In addition, the mother has stated her intention to pursue homeopathic treatment and would be unlikely to comply with either oral or IV antibiotics.

(Choice B) The physician's ethical duty to act in the child's best interest is clear in this case. The hospital ethics committee should be consulted when a clinician is confronted with an ethically difficult situation.

(Choice C) Discharging the patient against medical advice would be an acceptable choice if the patient were a competent adult. The physician must act to protect the child's life despite parental wishes.

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(Choice C) Discharging the patient against medical advice would be an acceptable choice if the patient were a competent adult. The physician must act to protect the child's life despite parental wishes.

Educational objective:

Parents' authority to make medical decisions for their children can be challenged in cases in which a child is at significant risk for harm. Physicians are justified in obtaining a court injunction to proceed with life-saving medical treatment of the child.

References

- The limits of parental responsibility regarding medical treatment decisions.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Decision making capacity
Subject	System	Topic

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A 25-year-old man is brought to the emergency department by his wife after vomiting at a party. The patient admits to drinking 4 glasses of wine and some vodka and says he feels better now. Temperature is 37.8 C (100 F), blood pressure is 100/50 mm Hg, pulse is 106/min, and respirations are 14/min. Physical examination is remarkable for blood-tinged vomitus on the patient's shirt and shoes. Abdominal examination reveals epigastric tenderness on palpation. On mental status examination, the patient is alert, cooperative, and fully oriented. Blood alcohol level is 70 mg/dL (0.07% blood alcohol content). The physician recommends laboratory evaluation, including complete blood count, comprehensive metabolic panel, amylase, and lipase. The patient insists that he is fine and wants to go home. Which of the following is the most appropriate course of action?

A. Ask the patient's wife for consent to proceed with laboratory evaluation
B. Discharge the patient with instructions to return to the hospital as needed
C. Do not allow the patient to leave the hospital due to elevated blood alcohol content
D. Explain the potential risks of leaving the hospital without further evaluation
E. Hold patient involuntarily due to imminent medical harm and elevated blood alcohol content

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A. ~~Ask the patient's wife for consent to proceed with laboratory evaluation~~ (4%)

✗ B. Discharge the patient with instructions to return to the hospital as needed (5%)

C. Do not allow the patient to leave the hospital due to elevated blood alcohol content (7%)

✓ D. Explain the potential risks of leaving the hospital without further evaluation (74%)

E. Hold patient involuntarily due to imminent medical harm and elevated blood alcohol content (6%)

Incorrect
Correct answer

74%
Answered correctly

01 min, 47 secs
Time Spent

12/10/2020
Last Updated

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Assessment of decision-making capacity	
Criterion	**Patient task**
Communicates a choice	Patient able to clearly indicate preferred treatment option
Understands information provided	Patient understands condition & treatment options
Appreciates consequences	Patient acknowledges having condition & likely consequences of treatment options, including no treatment
Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision

This patient is declining diagnostic tests and requesting to leave the hospital. Whenever a patient **refuses medical intervention**, decision-making capacity must be assessed. Part of this process includes explaining the risks, benefits, and alternatives to the proposed intervention, including the risks of no intervention, so that the patient can make an informed medical decision.

Alcohol intoxication can result in impaired memory, cognition, and judgment, resulting in an impaired ability

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Alcohol intoxication can result in impaired memory, cognition, and judgment, resulting in an impaired ability to understand information or fully appreciate the consequences of one's decisions. Therefore, given this patient's recent alcohol ingestion, the physician must be especially careful to **assess** the patient's ability to understand the risks of refusing further evaluation. The patient should not be discharged unless his **decision-making capacity** is first judged to be intact **(Choice B)**. If the patient is able to communicate an understanding of his condition and the risks of declining treatment but still refuses, it would be appropriate to discharge him against medical advice.

(Choice A) A surrogate decision-maker, such as the patient's wife, would be necessary only if the patient was judged to lack decision-making capacity.

(Choices C and E) This patient is not at risk of imminent harm, and the blood alcohol level alone is not a criterion for holding him involuntarily. The patient's capacity to make decisions must be assessed. Patients with decision-making capacity have the right to refuse treatment, even if the decision seems unwise.

Educational objective:
Patients who refuse medical interventions must be assessed for decision-making capacity. Patients with decision-making capacity have the right to refuse treatment.

References

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A 66-year-old woman with rheumatoid arthritis and atrial fibrillation is scheduled for an elective right total knee arthroplasty in a tertiary care hospital. The patient speaks mostly Spanish and understands limited English. Informed consent is obtained during a preoperative clinic visit using a certified interpreter. On the day of the procedure, the operating room is running behind schedule, and the patient's procedure is delayed by 3 hours. When the surgeon and circulating nurse visit the patient to confirm the site and side of the procedure, the certified interpreter is in the emergency department assisting with another patient and will be unavailable for an hour. The patient talks rapidly and has several questions for the team. The surgeon has taken a 3-week course in medical Spanish, and the nurse can speak short sentences in Spanish. The surgeon converses with the patient in a mixture of Spanish and English. The patient nods frequently as the surgeon speaks. Which of the following best describes the patient-provider communication in this encounter?

A. Communication should be verified by asking the patient to describe what she has understood

B. The surgeon is acting appropriately as he is trained in medical Spanish terminology

C. The surgeon is acting appropriately as this interaction does not require additional informed consent

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A. Communication should be verified by asking the patient to describe what she has understood

B. The surgeon is acting appropriately as he is trained in medical Spanish terminology

C. The surgeon is acting appropriately as this interaction does not require additional informed consent

D. The surgeon's actions are inappropriate as the nurse has greater fluency and should speak to the patient

E. The surgeon's actions are inappropriate as they potentially violate the patient's rights

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the procedure, the certified interpreter is in the emergency department assisting with another patient and will be unavailable for an hour. The patient talks rapidly and has several questions for the team. The surgeon has taken a 3-week course in medical Spanish, and the nurse can speak short sentences in Spanish. The surgeon converses with the patient in a mixture of Spanish and English. The patient nods frequently as the surgeon speaks. Which of the following best describes the patient-provider communication in this encounter?

A. Communication should be verified by asking the patient to describe what she has understood (31%)

B. ~~The surgeon is acting appropriately as he is trained in medical Spanish terminology~~ (0%)

C. The surgeon is acting appropriately as this interaction does not require additional informed consent (2%)

D. ~~The surgeon's actions are inappropriate as the nurse has greater fluency and should speak to the patient~~ (0%)

✓ E. The surgeon's actions are inappropriate as they potentially violate the patient's rights (64%)

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Patients with **limited English proficiency** (LEP) have a **legal right** to access health care in their preferred language. Health care institutions receiving any federal funding (eg, most hospitals) must comply with Title VI of the Civil Rights Act of 1964, which **prohibits discrimination** on the basis of race, color, and national origin; they are required to establish **professional interpretation** and translation systems (eg, qualified bilingual staff, teleconference services) for patients with LEP. Interpreter qualifications include demonstration of sufficient fluency in medical terminology and training in interpreter ethics and skills.

Patients with LEP who receive professional interpreter services experience fewer errors during high-risk processes (eg, informed consent, medication reconciliation, hospital discharge). This patient was appropriately provided an interpreter during the high-risk process of informed consent. However, communication accuracy must be maintained in the presurgery encounter given the patient's questions and pending safety processes (eg, confirming procedure site and side) **(Choice C)**. Therefore, the surgeon should provide the patient access to a certified interpreter, even if the surgery (which is not an emergency procedure) will be delayed.

Ad hoc interpretation (eg, by bilingual family members or staff lacking interpreter qualification) should be **avoided in non-emergency situations** due to potential error and bias. Providers with partial language

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Ad hoc interpretation (eg, by bilingual family members or staff lacking interpreter qualification) should be **avoided in non-emergency situations** due to potential error and bias. Providers with partial language skills (eg, this surgeon, nurse) often overestimate their ability to accurately communicate with patients of LEP, increasing error risk. Although the surgeon and nurse can speak some Spanish, their ability to clearly convey and comprehend complex (ie, more than basic) information in Spanish is likely limited; furthermore, the surgeon's minimal training in Spanish and use of English in addressing the patient raise concern for possible miscommunication **(Choices B and D)**.

(Choice A) Asking patients to describe their understanding of communicated information, known as teach-back, is a best practice for verifying patient comprehension. However, it is not reliable in this case because of the uncertainty regarding the ability of the surgeon and nurse to accurately comprehend the patient's response.

Educational objective:
Hospitals are required to provide patients of limited English proficiency to access health care services in their preferred language. Interpretation services should be provided by qualified interpreters (eg, telephone or qualified bilingual staff) with demonstrated language fluency and training in interpreter skills and ethics.

References

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A 17-year-old girl comes to the office for evaluation of worsening vaginal irritation and discharge. She has had multiple sexual partners in the past few months. The patient is adherent with oral contraceptives and inconsistently uses condoms. She has no prior medical conditions and takes no other medications. Urine pregnancy test is negative and urine gonorrhea test is positive. The patient does not want her parents to find out she is having sex and asks if the physician will tell her parents about today's visit. Which of the following is the most appropriate response to this patient?

A. "Because gonorrhea is a reportable illness, I am obligated to report it to the health authorities and to your parents."

B. "I don't need to inform your parents that you are sexually active, but I will need their consent to prescribe antibiotic treatment."

C. "I recommend that you tell your parents about today's visit in case your symptoms become more serious."

D. "I will not notify your parents because you can consent to testing and treatment for sexually transmitted infections on your own."

E. "You can consent to treatment of gonorrhea, but because you are a minor, I am obligated to

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had multiple sexual partners in the past few months. The patient is adherent with oral contraceptives and inconsistently uses condoms. She has no prior medical conditions and takes no other medications. Urine pregnancy test is negative and urine gonorrhea test is positive. The patient does not want her parents to find out she is having sex and asks if the physician will tell her parents about today's visit. Which of the following is the most appropriate response to this patient?

A. "Because gonorrhea is a reportable illness, I am obligated to report it to the health authorities and to your parents."

B. "I don't need to inform your parents that you are sexually active, but I will need their consent to prescribe antibiotic treatment."

C. "I recommend that you tell your parents about today's visit in case your symptoms become more serious."

D. "I will not notify your parents because you can consent to testing and treatment for sexually transmitted infections on your own."

E. "You can consent to treatment of gonorrhea, but because you are a minor, I am obligated to notify your parents."

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pregnancy test is negative and urine gonorrhea test is positive. The patient does not want her parents to find out she is having sex and asks if the physician will tell her parents about today's visit. Which of the following is the most appropriate response to this patient?

A. "Because gonorrhea is a reportable illness, I am obligated to report it to the health authorities and to your parents." (3%)

B. "I don't need to inform your parents that you are sexually active, but I will need their consent to prescribe antibiotic treatment." (5%)

C. "I recommend that you tell your parents about today's visit in case your symptoms become more serious." (8%)

✓ D. "I will not notify your parents because you can consent to testing and treatment for sexually transmitted infections on your own." (81%)

E. ~~"You can consent to treatment of gonorrhea, but because you are a minor, I am obligated to notify your parents."~~ (2%)

Correct

81%

01 min, 08 secs

12/28/2020

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Circumstances in which minors can provide their own consent	
Medical emancipation	• Emergency care (all states) • Sexually transmitted infection (all states) • Mental health and substance abuse treatment • Pregnancy care • Contraception
Legal emancipation	• Financially independent • Parent • Married • Active military service • High school graduate

Note: The age of legal and medical emancipation varies by state.

Minors (age <18) usually require **parental consent** for medical treatment; however, consent is generally **not required** in the following situations:

- Legal or situational emancipation (eg, parent, married)

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Minors (age <18) usually require **parental consent** for medical treatment; however, consent is generally **not required** in the following situations:

- Legal or situational emancipation (eg, parent, married)
- **Emergency care** in which delay of care could result in significant harm to life or limb
- Specific conditions (eg, sexually transmitted infection [STI], pregnancy, substance abuse) that are potentially **serious, sensitive, or stigmatizing**

Allowing minors to consent for treatment of certain potentially serious medical conditions (eg, **STI**) encourages them to seek services without concern of parental involvement, as in this patient's situation. In most states, minors can also consent to **substance abuse** and **mental health** treatment as well as **reproductive services**, although there may be variations among states (eg, requiring minors to be a minimum age). Some, but not all states, also exclude information about sensitive services from insurance documentation that is sent to the parent (policyholder).

(Choice A) Notification of parents for STIs other than HIV is not mandated in any state.

(Choices B and E) The patient can obtain evaluation and treatment for STIs, including antibiotics, without parental notification or consent.

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reproductive services, although there may be variations among states (eg, requiring minors to be a minimum age). Some, but not all states, also exclude information about sensitive services from insurance documentation that is sent to the parent (policyholder).

(Choice A) Notification of parents for STIs other than HIV is not mandated in any state.

(Choices B and E) The patient can obtain evaluation and treatment for STIs, including antibiotics, without parental notification or consent.

(Choice C) Although it is often preferable for parents to be involved in their child's care, it should not be automatically assumed that disclosing information would be in the patient's best interest. This response also dismisses the patient's concern about confidentiality and fails to answer her question.

Educational objective:
Minors do not require parental consent for medical treatment of conditions that may be sensitive or stigmatizing such as sexually transmitted infections, pregnancy, and substance abuse.

References

- Sexual and reproductive health care services in the pediatric setting.

Behavioral science Social Sciences (Ethics/Legal/Professional) Emancipated minor

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A 19-year-old Hispanic woman comes to the clinic due to nausea and abdominal pain. She struggles to describe the pain and frequently points to her lower abdomen. The patient shakes her head no when asked if she could be pregnant or is sexually active. When she is asked about her last menstrual period, she nods affirmatively and says "now." She is single and immigrated to the United States several months ago. Physical examination shows moderate abdominal tenderness with no rebound or guarding and vital signs are stable. The patient is discharged home with a diagnosis of food poisoning. Later that day, she is taken by ambulance to the emergency department after experiencing severe abdominal pain followed by loss of consciousness. A diagnosis of ruptured ectopic pregnancy is made. Which of the following interventions would most likely have prevented the delay in diagnosis?

A. Asking the patient whether she feels comfortable discussing sexual issues
B. Assessing the patient's cultural health beliefs
C. Assessing the patient's current social situation
D. Calling family members to obtain additional history
E. Determining whether the patient needs language assistance

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asked if she could be pregnant or is sexually active. When she is asked about her last menstrual period, she nods affirmatively and says "now." She is single and immigrated to the United States several months ago. Physical examination shows moderate abdominal tenderness with no rebound or guarding and vital signs are stable. The patient is discharged home with a diagnosis of food poisoning. Later that day, she is taken by ambulance to the emergency department after experiencing severe abdominal pain followed by loss of consciousness. A diagnosis of ruptured ectopic pregnancy is made. Which of the following interventions would most likely have prevented the delay in diagnosis?

A. Asking the patient whether she feels comfortable discussing sexual issues (9%)

B. Assessing the patient's cultural health beliefs (0%)

C. Assessing the patient's current social situation (1%)

D. Calling family members to obtain additional history (0%)

E. Determining whether the patient needs language assistance (87%)

Correct

87%

01 min, 56 secs

01/24/2021

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Nearly 20% of the United States population speaks languages other than English at home. It is therefore essential that physicians assess language proficiency when delivering care to immigrant populations. This patient's immigrant background and difficulty describing her pain should raise concern about limited English proficiency (LEP) and the need for a qualified medical interpreter. In the United States, patients with LEP experience a variety of health care disparities, including reduced clinical encounter time, substandard medical treatment, and higher rates of adverse events and preventable medical errors. The safety of LEP patients is particularly jeopardized in high-risk clinical situations such as emergency department care, surgical care, hospital discharge, and medical reconciliation.

A useful screening technique to assess language proficiency is to ask the patient, "How well do you speak English: Not at all, not well, well, or very well?" An interpreter is appropriate for patients who cannot respond or respond "not well." Recommended interventions to prevent adverse events include providing a qualified medical interpreter in high-risk clinical situations and providing translated educational materials. Using the "teach back" method (in which patients are asked to "teach" the physician what was just explained to them) can also serve to confirm understanding.

(Choices A, B, and C) Understanding cultural and social factors and sensitivity in obtaining a sexual history are important components of patient-centered care. However, addressing a potential language

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Using the "teach back" method (in which patients are asked to "teach" the physician what was just explained to them) can also serve to confirm understanding.

(Choices A, B, and C) Understanding cultural and social factors and sensitivity in obtaining a sexual history are important components of patient-centered care. However, addressing a potential language barrier takes precedence.

(Choice D) Contacting the patient's family is unlikely to be productive and may violate patient confidentiality.

Educational objective:
Physicians must be able to identify patients with limited English proficiency and ensure that professional interpreters are made available in high-risk clinical situations.

References

- Identification of limited English proficient patients in clinical care.
- Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature.
- Language proficiency and adverse events in US hospitals: a pilot study.

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www.ncbi.nlm.nih.gov/pubmed/17362215

A 45-year-old man comes to the office as a new patient. He is not doing well at his new job as an automobile salesman. After reading a book on adult attention-deficit hyperactivity disorder (ADHD), he believes that he has ADHD and requests treatment with stimulants. The patient has no history of childhood ADHD but claims that his parents were not aware of the disorder and never had him evaluated. He currently does not experience hyperactivity or impulsivity, but says, "I just get distracted easily and know I could be more productive." The patient's medical history is remarkable for hypertension, coronary artery disease, supraventricular tachycardia, and cocaine abuse. His blood pressure is 150/90 mm Hg and heart rate is 90/min. Physical examination is otherwise normal. The physician explains that the patient does not meet diagnostic criteria for ADHD and that his history of stimulant abuse and cardiac risks make him a poor candidate for stimulant therapy. After listening to the explanation, the patient insists that he will benefit from stimulants and understands their risks. Which of the following options is the best course of action?

A. Do not prescribe stimulants as the patient is only being influenced by popular literature and pharmaceutical advertisements

B. Do not prescribe stimulants due to the potential risks

C. Do not prescribe stimulants until the patient reports clearer symptoms of attention-deficit

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disease, supraventricular tachycardia, and cocaine abuse. His blood pressure is 150/90 mm Hg and heart rate is 90/min. Physical examination is otherwise normal. The physician explains that the patient does not meet diagnostic criteria for ADHD and that his history of stimulant abuse and cardiac risks make him a poor candidate for stimulant therapy. After listening to the explanation, the patient insists that he will benefit from stimulants and understands their risks. Which of the following options is the best course of action?

A. Do not prescribe stimulants as the patient is only being influenced by popular literature and pharmaceutical advertisements

B. Do not prescribe stimulants due to the potential risks

C. Do not prescribe stimulants until the patient reports clearer symptoms of attention-deficit hyperactivity disorder

D. Prescribe a limited course of stimulants to enhance the therapeutic alliance and retain the patient in treatment

E. Respect patient autonomy and prescribe stimulants as requested

Submit

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could be more productive. The patient's medical history is remarkable for hypertension, coronary artery disease, supraventricular tachycardia, and cocaine abuse. His blood pressure is 150/90 mm Hg and heart rate is 90/min. Physical examination is otherwise normal. The physician explains that the patient does not meet diagnostic criteria for ADHD and that his history of stimulant abuse and cardiac risks make him a poor candidate for stimulant therapy. After listening to the explanation, the patient insists that he will benefit from stimulants and understands their risks. Which of the following options is the best course of action?

A. Do not prescribe stimulants as the patient is only being influenced by popular literature and pharmaceutical advertisements (5%)

✓ B. Do not prescribe stimulants due to the potential risks (78%)

✗ C. Do not prescribe stimulants until the patient reports clearer symptoms of attention-deficit hyperactivity disorder (13%)

D. ~~Prescribe a limited course of stimulants to enhance the therapeutic alliance and retain the patient in treatment~~ (1%)

E. ~~Respect patient autonomy and prescribe stimulants as requested~~ (0%)

Incorrect

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Nonmaleficence, or the injunction "primum non nocere" (**first, do no harm**), instructs physicians to avoid procedures or treatments that cause harm unless the benefits of treatment outweigh the potential harm. In this case, the physician does not believe that the patient has a disorder that would benefit from stimulant treatment. In addition, the patient has multiple reasons to be at risk of harm from the requested treatment (eg, adverse cardiac events, addiction). The **risks of harm** in this case **outweigh benefits and patient preference**.

(Choice A) The influence of popular literature and/or pharmaceutical advertisements is not a proper reason per se to refuse to provide a certain therapy. It is acceptable to prescribe an advertised drug in response to a patient request if it is an appropriate choice.

(Choice C) Although exhibiting clearer attention-deficit hyperactivity disorder (ADHD) symptoms may increase the possibility of benefit from stimulants, the risks of harm continue to outweigh the benefits in this case. Nonstimulant ADHD medications could be considered if they carry fewer risks.

(Choice D) A therapeutic alliance is based on trust and the provision of appropriate treatment. Retaining a patient in harmful treatment provides no benefit to the patient.

(Choice E) Patient autonomy allows patients to make their own health care decisions regarding accepting

(Choice C) Although exhibiting clearer attention-deficit hyperactivity disorder (ADHD) symptoms may increase the possibility of benefit from stimulants, the risks of harm continue to outweigh the benefits in this case. Nonstimulant ADHD medications could be considered if they carry fewer risks.

(Choice D) A therapeutic alliance is based on trust and the provision of appropriate treatment. Retaining a patient in harmful treatment provides no benefit to the patient.

(Choice E) Patient autonomy allows patients to make their own health care decisions regarding accepting or refusing treatment. This concept does not allow patients to demand an inappropriate and risky treatment. The role of the physician is to educate the patient about the risks and benefits of appropriate treatment options and respect the patient's autonomy in deciding to accept or refuse recommended treatment.

Educational objective:
Patients have the right to make decisions about their health care. However, based on the principle of nonmaleficence, the prescription of medications likely to do more harm than good should be avoided, even if requested by patients.

Behavioral science Social Sciences (Ethics/Legal/Professional) Nonmaleficence

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A 48-year-old deaf man comes to the office for a new patient visit. The patient recently moved to the area and is accompanied by a friend with whom he communicates using American Sign Language. The office staff informs the physician that the patient has also been communicating by reading lips, using gestures, and nodding his head in agreement. At the start of the appointment, the friend says that the patient has asthma and uses an inhaler as needed. The patient gives the physician a handwritten note indicating that he would like to try a longer-acting inhaler. Which of the following is the most appropriate next step in evaluation of this patient?

A. Ask the patient's friend to continue providing interpretation
B. Continue the evaluation through written communication
C. Obtain further history by having the patient fill out a detailed form
D. Speak slowly and enunciate to allow the patient to read lips
E. Use a qualified American Sign Language interpreter

Submit

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A 48-year-old deaf man comes to the office for a new patient visit. The patient recently moved to the area and is accompanied by a friend with whom he communicates using American Sign Language. The office staff informs the physician that the patient has also been communicating by reading lips, using gestures, and nodding his head in agreement. At the start of the appointment, the friend says that the patient has asthma and uses an inhaler as needed. The patient gives the physician a handwritten note indicating that he would like to try a longer-acting inhaler. Which of the following is the most appropriate next step in evaluation of this patient?

A. Ask the patient's friend to continue providing interpretation (2%)

B. Continue the evaluation through written communication (9%)

C. Obtain further history by having the patient fill out a detailed form (3%)

D. Speak slowly and enunciate to allow the patient to read lips (4%)

✓ E. Use a qualified American Sign Language interpreter (79%)

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www.ncbi.nlm.nih.gov/pubmed/17362215

Communicating with deaf & hard of hearing patients	
Modes of communication	• Interpreter (or provider) fluent in medical communication & American Sign Language • Alternate modes: ◦ Computer-assisted real-time transcription ◦ Assistive listening devices ◦ Lip reading* ◦ Family/friends* ◦ Written communication*
Supplemental measures	• Printed information sheets • Captioned videos

* Not recommended unless preferred by the patient.

This deaf patient is communicating with health care providers using standardized **American Sign Language (ASL)** via a surrogate, nonstandard gestures, lip reading, and handwritten notes. However, in

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This deaf patient is communicating with health care providers using standardized **American Sign Language (ASL)** via a surrogate, nonstandard gestures, lip reading, and handwritten notes. However, in general, the most accurate and effective method of communication is to use a **medical interpreter** (or provider) trained in ASL.

As with spoken languages, communicating medical information in ASL requires **precise wording** and use of terminology that is not typically used by lay persons in daily communication. Using a trained medical ASL interpreter can help to avoid potentially dangerous miscommunication. As with any nonprovider personnel, the use of an ASL interpreter is subject to patient preference and consent and should be offered to all deaf and hard of hearing patients. If a face-to-face interpreter is unavailable, alternate modes of communication include computer-assisted real-time transcription and assistive listening devices.

(Choice A) Friends and family members are not preferred for interpretation due to lack of impartiality, unfamiliarity with medical terminology, and possible barriers to open discussion of sensitive topics (eg, domestic abuse). Even though this patient has used his friend to assist in communication, this method should not be used unless the patient specifically requests it.

(Choice B) Handwriting can be time-consuming, leading to use of abbreviations and shortcuts; many nuances can be lost or misinterpreted, and information may be left out for the sake of brevity. Therefore,

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should not be used unless the patient specifically requests it.

(Choice B) Handwriting can be time-consuming, leading to use of abbreviations and shortcuts; many nuances can be lost or misinterpreted, and information may be left out for the sake of brevity. Therefore, writing is not recommended as the primary mode of communication.

(Choice C) Supplemental communication measures can include written information sheets, standardized questionnaires, and captioned educational videos; however, the information conveyed by these modalities is limited, and they should not be used as the primary method of communication.

(Choice D) Many deaf and hard of hearing individuals learn lip reading and expressive gestures to facilitate communication in casual settings. However, these methods are subject to error or misunderstanding and should not be relied on as a primary communication modality in health care.

Educational objective:
Deaf and hard of hearing patients should be offered the services of an interpreter trained in medical translation and American Sign Language, subject to patient preference and consent. Alternate modes of communication include computer-assisted real-time transcription and assistive listening devices.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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An 18-year-old man comes to the office for a follow-up visit. He was seen in the emergency department 3 months ago because of panic attacks related to cocaine use. The patient subsequently stopped using cocaine and has had no recurrent anxiety symptoms. He graduated from high school, started a new job, and has been considering applying to community college. At today's visit, the patient reports that he used cocaine at a friend's house this past weekend. He says, "I really messed up. I feel like a failure." The patient has no history of illness. He is in no physical discomfort. Which of the following is the most appropriate statement by the physician at this time?

A. "Do you think using cocaine again could have a negative impact on your job and going to college?"

B. "It's hard to quit. Let's go over the health effects of cocaine to help motivate you to stay sober."

C. "It's understandable to be upset about using again when you had made some real progress in quitting."

D. "Quitting is difficult, so don't be so hard on yourself. Let's move forward from here."

E. "Socializing with your friend probably contributed to your relapse. Let's look at strategies to deal with peer pressure."

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cocaine and has had no recurrent anxiety symptoms. He graduated from high school, started a new job, and has been considering applying to community college. At today's visit, the patient reports that he used cocaine at a friend's house this past weekend. He says, "I really messed up. I feel like a failure." The patient has no history of illness. He is in no physical discomfort. Which of the following is the most appropriate statement by the physician at this time?

A. "Do you think using cocaine again could have a negative impact on your job and going to college?" (5%)

B. "It's hard to quit. Let's go over the health effects of cocaine to help motivate you to stay sober." (2%)

✓ C. "It's understandable to be upset about using again when you had made some real progress in quitting." (43%)

D. "Quitting is difficult, so don't be so hard on yourself. Let's move forward from here." (42%)

E. "Socializing with your friend probably contributed to your relapse. Let's look at strategies to deal with peer pressure." (5%)

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Motivational interviewing	
Indications	• Substance use disorders • Other behaviors in patients who are not ready to change
Principles	• Acknowledge resistance to change • Address discrepancies between behavior & long-term goals • Enhance motivation to change (support self-efficacy) • Remain nonjudgmental
Technique (OARS)	• Ask **O**pen-ended questions (encourage further discussion) • Give **A**ffirmations • **R**eflect & **S**ummarize main points

This patient says he feels "like a failure" after using cocaine again following a 3-month period of abstinence. Focusing on the negative consequences of cocaine use (which the patient is already aware of) may be perceived as shaming and judgmental. The best initial approach is to help the patient feel understood by **reflecting** his **feelings** of disappointment. The incident can then be **reframed** as a

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abstinence. Focusing on the negative consequences of cocaine use (which the patient is already aware of) may be perceived as shaming and judgmental. The best initial approach is to help the patient feel understood by **reflecting** his **feelings** of disappointment. The incident can then be **reframed** as a **temporary setback** the patient can surmount.

Principles of **motivational interviewing** can be used to help this patient get back on track and strengthen his belief that he can keep making progress. Motivational interviewing is a **nonjudgmental, collaborative**, patient-centered approach that **enhances** the patient's sense of self-confidence and **self-efficacy**. By emphasizing the patient's past success in maintaining abstinence for a period of time, the physician supports the patient's belief in his ability to learn from this setback and make changes. Open-ended discussion of what contributed to using cocaine again from the patient's perspective can then be used to guide the patient to make a specific plan to achieve and implement change.

(Choice A) This question has a judgmental tone and fails to acknowledge how the patient feels. It also assumes the patient will keep using and prematurely focuses on possible negative consequences of continued use.

(Choice B) This approach focuses on reiterating the negative health effects of cocaine rather than addressing the patient's loss of confidence in his ability to make changes. Focusing on his strengths rather

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(Choice B) This approach focuses on reiterating the negative health effects of cocaine rather than addressing the patient's loss of confidence in his ability to make changes. Focusing on his strengths rather than on negative consequences is more likely to build internal motivation.

(Choice D) Although this statement seems supportive, it discourages self-reflection and does not help build the patient's sense of self-efficacy.

(Choice E) Rather than first exploring the patient's own thoughts about his relapse, this approach is assumptive and reflects a desire to control the agenda while rushing to a premature solution. Such a statement misses the opportunity to elicit the patient's perspective and help build his confidence in his own ability to make changes.

Educational objective:
Principles of motivational interviewing can be used in the treatment of substance use disorders to guide responses to patients who relapse. This technique helps build patients' sense of self-efficacy by emphasizing past success in maintaining abstinence and supporting the patients' belief in their ability to make changes.

Behavioral science Social Sciences (Ethics/Legal/Professional) Motivational interviewing

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A 59-year-old man comes to the office for follow-up. The patient had an acute myocardial infarction 1 month ago, and a drug-eluting stent was placed successfully. He has no cardiovascular symptoms, but he does have hypertension and hyperlipidemia and a 40-pack-year smoking history. Blood pressure is 132/86 mm Hg and pulse is 68/min. BMI is 30.8 kg/m^2. Physical examination is unremarkable. The patient says, "I can't wait to get back to work, but at the same time, I'm concerned about having another heart attack. I have a high-pressure job, but I need to find time to exercise. Plus, I know I should stop smoking and lose at least 20 pounds." Which of the following is the most appropriate response by the physician at this time?

A. "Having a heart attack was frightening. It's great that you've decided to stop smoking, lose weight, and start exercising."

B. "I suggest we prioritize quitting smoking first. That will decrease your risk significantly and make it easier to exercise."

C. "Those are excellent goals. Let's make a comprehensive list of all the health changes you want to make."

D. "You've been through a tough time. Would you consider working fewer hours for the time being so you can focus on your health?"

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mm Hg and pulse is 68/min. BMI is 30.8 kg/m^2. Physical examination is unremarkable. The patient says, "I can't wait to get back to work, but at the same time, I'm concerned about having another heart attack. I have a high-pressure job, but I need to find time to exercise. Plus, I know I should stop smoking and lose at least 20 pounds." Which of the following is the most appropriate response by the physician at this time?

A. "Having a heart attack was frightening. It's great that you've decided to stop smoking, lose weight, and start exercising."

B. "I suggest we prioritize quitting smoking first. That will decrease your risk significantly and make it easier to exercise."

C. "Those are excellent goals. Let's make a comprehensive list of all the health changes you want to make."

D. "You've been through a tough time. Would you consider working fewer hours for the time being so you can focus on your health?"

E. "You've brought up important issues. What are one or two small changes you feel most ready to tackle now?"

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mm Hg and pulse is 66/min. BMI is 30.8 kg/m². Physical examination is unremarkable. The patient says, "I can't wait to get back to work, but at the same time, I'm concerned about having another heart attack. I have a high-pressure job, but I need to find time to exercise. Plus, I know I should stop smoking and lose at least 20 pounds." Which of the following is the most appropriate response by the physician at this time?

A. "Having a heart attack was frightening. It's great that you've decided to stop smoking, lose weight, and start exercising." (0%)

B. ~~"I suggest we prioritize quitting smoking first. That will decrease your risk significantly and make it easier to exercise."~~ (0%)

C. "Those are excellent goals. Let's make a comprehensive list of all the health changes you want to make." (0%)

✗ D. "You've been through a tough time. Would you consider working fewer hours for the time being so you can focus on your health?" (0%)

✓ E. "You've brought up important issues. What are one or two small changes you feel most ready to tackle now?" (100%)

Incorrect

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Motivational interviewing: components	
Engaging	• Start a nonjudgmental, open-ended conversation • Collaborate to set the agenda • Elicit patient strengths
Focusing	• Ask the patient to identify 1 or 2 behavior targets
Evoking	• Elicit change talk to get the patient's: ◦ Commitment ◦ Reasons to change
Planning	• Guide the patient toward: ◦ Identifying specific next steps ◦ Anticipating obstacles ◦ Deciding how to measure success

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- Deciding how to measure success

This patient recently experienced a myocardial infarction and expresses concern about having another one. He identifies a number of issues he feels he should address to reduce his risk (eg, stop smoking, lose weight, start exercising). Like many patients, he faces multiple health challenges and has specific life circumstances that influence his priorities (eg, high-pressure job). Rather than developing an exhaustive list of changes, helping the **patient focus** on **1 or 2 specific behaviors** he feels most ready to change is more productive. In **motivational interviewing**, this is referred to as the process of **focusing**.

A patient-centered, collaborative approach is important; the physician should elicit the patient's thoughts and feelings about what to focus on. Rather than giving advice without permission, unilaterally setting the agenda, or overwhelming the patient with a long list of changes, the physician can help the patient focus on realistic changes he is more likely to pursue.

(Choice A) This statement prematurely assumes the patient is internally motivated to change. It describes the patient as committed to these goals when he said only that he "should" do all those things. This response also may overwhelm the patient because it fails to help him focus on realistic goals.

(Choice B) This is an example of noncollaborative agenda-setting. It is less likely to be effective than eliciting the patient's perspective.

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the patient as committed to these goals when he said only that he "should" do all those things. This response also may overwhelm the patient because it fails to help him focus on realistic goals.

(Choice B) This is an example of noncollaborative agenda-setting. It is less likely to be effective than eliciting the patient's perspective.

(Choice C) Encouraging the patient to make a long list of changes is rarely helpful. It is likely to overwhelm him and may actually decrease his motivation.

(Choice D) This question fails to consider the patient's perspective about his job (ie, "I can't wait to get back to work") and reflects a premature suggestion. Exploring the patient's thoughts and feelings about his work is a better approach, eliciting his suggestions about how to best integrate his health goals into his schedule.

Educational objective:
When counseling a patient who has multiple unhealthy behaviors, the best approach is to focus on 1 or 2 specific behaviors the patient feels most ready to change. This improves the likelihood of change by focusing on realistic goals the patient is more likely to pursue.

Behavioral science Social Sciences (Ethics/Legal/Professional) Motivational interviewing

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A 45-year-old woman comes to the office for a routine follow-up. The patient feels well overall but mentions that climbing the last flight of stairs to her 3rd-floor apartment has become harder. She says, "Sometimes I have to stop at the landing to catch my breath." Medical history includes cocaine use disorder in remission for the past 4 years; it is otherwise unremarkable. The patient does not use alcohol or illicit drugs. She has a 25-pack-year smoking history and has been counseled to quit smoking in the past. The patient says, "I've tried to quit several times. I can cut down to a few cigarettes or half a pack for a day or two, but then it's just too difficult." Which of the following is the most appropriate response by the physician regarding this patient's smoking?

A. "I'm concerned that continuing to smoke is contributing to your breathing problems."

B. "Quitting on your own is difficult and medication can help. Would you consider this?"

C. "Since you stopped using cocaine, I'm hopeful that you can eventually stop smoking cigarettes."

D. "Stopping smoking will likely improve your breathing and decrease your risk for other conditions."

E. "You were successful in stopping cocaine. How might your experience help you to quit smoking?"

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that climbing the last flight of stairs to her 3rd-floor apartment has become harder. She says, "Sometimes I have to stop at the landing to catch my breath." Medical history includes cocaine use disorder in remission for the past 4 years; it is otherwise unremarkable. The patient does not use alcohol or illicit drugs. She has a 25-pack-year smoking history and has been counseled to quit smoking in the past. The patient says, "I've tried to quit several times. I can cut down to a few cigarettes or half a pack for a day or two, but then it's just too difficult." Which of the following is the most appropriate response by the physician regarding this patient's smoking?

A. ~~"I'm concerned that continuing to smoke is contributing to your breathing problems."~~ (0%)

B. ~~"Quitting on your own is difficult and medication can help. Would you consider this?"~~ (0%)

C. ~~"Since you stopped using cocaine, I'm hopeful that you can eventually stop smoking cigarettes."~~ (0%)

✗ D. "Stopping smoking will likely improve your breathing and decrease your risk for other conditions." (0%)

✓ E. "You were successful in stopping cocaine. How might your experience help you to quit smoking?" (100%)

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Motivational interviewing	
Indications	• Substance use disorders • Other behaviors in patients who are not ready to change
Principles	• Acknowledge resistance to change • Address discrepancies between behavior & long-term goals • Enhance motivation to change (support self-efficacy) • Remain nonjudgmental
Technique (OARS)	• Ask **O**pen-ended questions (encourage further discussion) • Give **A**ffirmations • **R**eflect & **S**ummarize main points

This patient is struggling to quit smoking and is discouraged by repeated failures. Rather than repeat the health risks of smoking or prematurely focus on treatment, the physician can be more productive by using motivational interviewing to build and support the patient's motivation to change. **Motivational interviewing** is a patient-centered approach that invites collaboration, helps **develop internal motivation** to change, and enhances the patient's sense of optimism, self-confidence, and self-efficacy in reaching

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to change, and enhances the patient's sense of optimism, self-confidence, and self-efficacy in reaching goals.

The physician's most appropriate response is to support the patient's sense of **self-efficacy** by helping her reflect on her **past success** and apply it to her current difficulties. By reviewing successful methods that enabled the patient to stop using cocaine, the physician can build the patient's internal motivation and belief that she can change her smoking habits as well.

(Choices A and D) This patient has been counseled about smoking and has tried to quit several times. She is likely aware that stopping smoking will improve her breathing and overall health. Rather than express concern and repeat the risks of smoking, the physician would be more effective by eliciting the patient's perspective and exploring her concerns about the effects of smoking on her breathing.

(Choice B) Although this statement is empathic, it prematurely focuses on treatment without attempting to elicit the patient's strengths and build her intrinsic motivation.

(Choice C) This statement is supportive and optimistic but reflects the physician's confidence, not the patient's. It does not help develop the patient's sense of self-efficacy.

Educational objective:

Motivational interviewing supports and develops patients' sense of self-efficacy in making behavioral

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enabled the patient to stop using cocaine, the physician can build the patient's internal motivation and belief that she can change her smoking habits as well.

(Choices A and D) This patient has been counseled about smoking and has tried to quit several times. She is likely aware that stopping smoking will improve her breathing and overall health. Rather than express concern and repeat the risks of smoking, the physician would be more effective by eliciting the patient's perspective and exploring her concerns about the effects of smoking on her breathing.

(Choice B) Although this statement is empathic, it prematurely focuses on treatment without attempting to elicit the patient's strengths and build her intrinsic motivation.

(Choice C) This statement is supportive and optimistic but reflects the physician's confidence, not the patient's. It does not help develop the patient's sense of self-efficacy.

Educational objective:
Motivational interviewing supports and develops patients' sense of self-efficacy in making behavioral changes. Eliciting patients' strengths and focusing on past successes can help build patients' internal motivation and confidence in their ability to make changes.

Behavioral science Social Sciences (Ethics/Legal/Professional) Motivational interviewing

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A 66-year-old woman comes to the clinic for follow-up of sarcoidosis. Over the past year, her lung function has worsened significantly, and her probability of survival at 12 months is below 50%. When discussions regarding advance care planning and appointment of a surrogate decision maker are initiated, the patient replies, "Why would I want to sign away my life on a piece of paper? The Lord will take me when the time is right." Which of the following is the best response?

A. "Because you have a terminal diagnosis, it is a good idea to be prepared for the reality of death."

B. "I understand that you may be scared, but this process is designed to protect you."

C. "My goal is to help your voice be heard if you lose the ability to communicate."

D. "Participating in this process will make it easier for your family to be involved in your care."

E. "You have the right to decline; I am here for you if you change your mind."

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A. ~~"Because you have a terminal diagnosis, it is a good idea to be prepared for the reality of death."~~ (0%)

B. ~~"I understand that you may be scared, but this process is designed to protect you."~~ (0%)

✓ C. "My goal is to help your voice be heard if you lose the ability to communicate." (100%)

D. "Participating in this process will make it easier for your family to be involved in your care." (0%)

✗ E. "You have the right to decline; I am here for you if you change your mind." (0%)

Incorrect
Correct answer
C

Collecting Statistics

01 min, 48 secs
Time Spent

03/24/2021
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Advance care planning (ACP) identifies a patient's personal **preferences** for health care in case of chronic, serious illness. ACP is a flexible, **patient-centered process** (ie, prioritizing patient values); it may include (but does not necessitate) creation of legal documents, such as appointment of surrogate decision makers who act on the patient's behalf if the patient is incapacitated. ACP often begins with informal conversations with patients (and trusted family members, if appropriate) exploring beliefs about illness, death, and health care interventions.

ACP is meant to **promote patient empowerment** by ensuring patients receive care aligned with expressed values. However, patient participation in ACP remains low (<11% of patients), and occurs even less frequently for patients belonging to ethnic minorities. Ethnic **disparities** in ACP initiation and completion may result from **distrust** of health care systems, cultural norms, misconceptions, and suboptimal physician communication.

This patient's statement indicates that she has a misconception about ACP (eg, she must "sign away" her life with legally binding documents), and values ownership over her health care decisions – a value which is in fact supported by ACP. Therefore, the physician should respond by **explaining the ACP's shared goal** of patient empowerment (eg, of allowing her voice to be heard) in simple, nonjudgmental terms. Expressing this patient-centered goal can **increase trust**, acceptability, and likelihood of patient engagement in subsequent discussions.

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engagement in subsequent discussions.

(Choice A) Given the patient's low probability of 12-month survival, realistic conversations about end of life are important. However, this statement does not focus on the patient's expressed values, may be perceived as judgmental or patronizing (it assumes the patient has not otherwise been preparing for end of life), and does not emphasize the goal of patient empowerment through ACP.

(Choice B) The patient has not expressed fear, so this statement is less likely to engage her and may appear condescending.

(Choice D) This statement describes only one aspect of ACP (ie, appointment of a surrogate decision maker); furthermore, it is premature to assume that the patient values or prefers family involvement.

(Choice E) If the patient continues to decline engagement, her wishes should be respected; however, the physician should first clarify misconceptions about ACP and attempt to find common ground by highlighting the shared, patient-centered goal of ACP.

Educational objective:
Patient participation in advance care planning (ACP), the process of identifying a patient's health care goals in case of serious illness, is low, especially for ethnic minorities (eg, due to mistrust or suboptimal physician communication). Physicians should engage patients in ACP by first explaining its primary purpose of

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are important. However, this statement does not focus on the patient's expressed values, may be perceived as judgmental or patronizing (it assumes the patient has not otherwise been preparing for end of life), and does not emphasize the goal of patient empowerment through ACP.

(Choice B) The patient has not expressed fear, so this statement is less likely to engage her and may appear condescending.

(Choice D) This statement describes only one aspect of ACP (ie, appointment of a surrogate decision maker); furthermore, it is premature to assume that the patient values or prefers family involvement.

(Choice E) If the patient continues to decline engagement, her wishes should be respected; however, the physician should first clarify misconceptions about ACP and attempt to find common ground by highlighting the shared, patient-centered goal of ACP.

Educational objective:
Patient participation in advance care planning (ACP), the process of identifying a patient's health care goals in case of serious illness, is low, especially for ethnic minorities (eg, due to mistrust or suboptimal physician communication). Physicians should engage patients in ACP by first explaining its primary purpose of patient empowerment (eg, allowing the patient's voice to be heard).

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A 57-year-old woman with a history of type 2 diabetes mellitus and asthma comes to the office for a preventive visit during influenza season. The patient belongs to an ethnic minority group and is accompanied by her daughter. The patient's medical conditions are well controlled, and she currently has no symptoms. The provider explains that she is at high risk for complications from seasonal influenza and recommends that she get the seasonal influenza vaccine. The patient says, "I don't trust that vaccine. It's from the government, so I don't think it's safe for people like me." Which of the following actions by the physician is most appropriate?

A. Ask the patient's daughter to encourage her to get the vaccine
B. Assess the patient for additional delusional thoughts
C. Initiate discussion about the vaccine, incorporating culturally inclusive materials
D. Inquire about the patient's understanding of federally funded health care
E. Respect the patient's wishes and do not administer the vaccine

Submit

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A. ~~Ask the patient's daughter to encourage her to get the vaccine~~ (0%)

B. ~~Assess the patient for additional delusional thoughts~~ (0%)

✓ C. Initiate discussion about the vaccine, incorporating culturally inclusive materials (84%)

D. ~~Inquire about the patient's understanding of federally funded health care~~ (7%)

✗ E. Respect the patient's wishes and do not administer the vaccine (7%)

Incorrect

01 min, 33 secs

03/30/2021

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Trust (eg, belief in the physician's skills, recommendations, and intentions) is central to the patient-provider therapeutic alliance and is associated with improved outcomes (eg, treatment adherence, quality, self-reported health). Among **minority patients**, distrust of physicians and health care systems may occur due to the following:

- **Historical legacies** of experimentation (eg, the Tuskegee syphilis study, which failed to obtain proper informed consent from Black men or provide them with curative and readily available treatment)
- Personal experience of **discrimination**, because minority patients are more likely to experience lower-quality health care and suboptimal physician communication
- **Low ethnic diversity** in health care (eg, <5% of physicians are Black; <6% are Hispanic)

Distrust can decrease vaccine use (eg, <40% of Black adults receive the influenza immunization). Given the patient's high risk for influenza complications (eg, history of asthma, diabetes), the physician should explore the reasons for her concerns and engage her in an **open-ended discussion** using **culturally inclusive** health education materials (ie, featuring messages, images, and symbols that carry meaning to a minority community). Discussion should **build a partnership** and establish alignment of patient and physician goals. Once the patient's concerns and priorities are understood, the physician may be able to

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inclusive health education materials (ie, featuring messages, images, and symbols that carry meaning to a minority community). Discussion should **build a partnership** and establish alignment of patient and physician goals. Once the patient's concerns and priorities are understood, the physician may be able to provide reassurance through patient-centered education.

(Choice A) Although the daughter's encouragement may be helpful, the physician should first attempt to directly engage the patient.

(Choice B) Distrust in the medical system should be respectfully explored rather than viewed as delusional, given its legitimate relation to historical events and personal experience.

(Choice D) Inquiring about the patient's understanding of federally funded health care systems is less focused and relevant compared to direct discussion, exploration of views, and reassurance regarding the influenza vaccination.

(Choice E) Although the patient has the right to ultimately decline vaccination, the physician should first attempt to engage her with open-ended discussion about it.

Educational objective:
Trust is central to the provider-patient therapeutic alliance and is associated with improved outcomes. Distrust by minority patients may result from numerous factors (eg, historical legacy, experience of

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(Choice A) Although the daughter's encouragement may be helpful, the physician should first attempt to directly engage the patient.

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(Choice E) Although the patient has the right to ultimately decline vaccination, the physician should first attempt to engage her with open-ended discussion about it.

Educational objective:

Trust is central to the provider-patient therapeutic alliance and is associated with improved outcomes. Distrust by minority patients may result from numerous factors (eg, historical legacy, experience of discrimination, low cultural inclusivity). Providers can build trust through open-ended discussion and focused reassurance using culturally relevant materials.

References

- African American adults and seasonal influenza vaccination: Changing our approach can move the

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A 67-year-old man is brought to the emergency department by ambulance due to altered mental status. He was having dinner with his daughter when he suddenly became confused and slumped over. The patient has a history of atrial fibrillation for which he takes an oral anticoagulant. He is widowed and lives with his daughter. Blood pressure is 208/113 mm Hg, pulse is 64/min and irregular, and respirations are 15/min. Oxygen saturation is 88% on room air. The patient is obtunded and unable to follow commands. Pupils are midsized and do not respond to light. The physician determines that intubation is necessary at this time to protect the patient's airway and asks for consent from the daughter and older son who are at the bedside. They tell the physician that the patient does not have an advance directive and they are unsure how to proceed. Which of the following is the most appropriate next step in decision-making for this patient?

A. Ask the daughter to make a decision based on what she thinks is the best for the patient because he lives with her

B. Ask the son to make a decision based on what he thinks is the best for the patient because he is older and has legal authority

C. Ask them both to make a decision based on what they think is in the best interest of the patient

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C. Ask them both to make a decision based on what they think is in the best interest of the patient

D. Ask them both to make a decision based on what they think the patient would have wanted if he was able to make the decision

E. Offer to make the decision on the patient's behalf based on the physician's best medical judgment

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time to protect the patient's airway and asks for consent from the daughter and older son who are at the bedside. They tell the physician that the patient does not have an advance directive and they are unsure how to proceed. Which of the following is the most appropriate next step in decision-making for this patient?

A. Ask the daughter to make a decision based on what she thinks is the best for the patient because he lives with her (1%)

B. Ask the son to make a decision based on what he thinks is the best for the patient because he is older and has legal authority (4%)

C. Ask them both to make a decision based on what they think is in the best interest of the patient (4%)

✓ D. Ask them both to make a decision based on what they think the patient would have wanted if he was able to make the decision (81%)

E. Offer to make the decision on the patient's behalf based on the physician's best medical judgment (7%)

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Next-of-kin surrogate decision-maker	
Patient selection	• Inability to communicate wishes regarding medical decision-making • Advance directive not available/applicable • No previously designated surrogate decision-maker
Surrogate selection	• Priority to patient's spouse • Alternate: adult children, parents, adult siblings, other family members
Implementation	• Substituted judgment: what the patient, not family, would have wanted • Decisions in the patient's best interest

This patient is critically ill and unresponsive, likely due to an intracerebral hemorrhage. Endotracheal intubation for airway protection is indicated, and consent must be obtained as quickly as possible.

Procedural consent for an incapacitated patient can often be obtained from an advance directive, either a living will (ie, document specifying consent for certain life-prolonging interventions) or designated proxy decision-maker (eg, durable power of attorney). However, in the **absence of an advance directive**, decision-making falls to the **closest family member** (ie, **next of kin**).

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decision-making falls to the **closest family member** (ie, **next of kin**).

Next of kin authority is determined by proximity of relationship; typically, the patient's spouse has precedence, but adult children are the next of kin for this patient who is widowed. As with all surrogate decision-makers, the next of kin is responsible for making decisions based on what they believe the **patient would want** if he or she were competent to make the decision (ie, **substituted judgement**), rather than their own preferences.

(Choices A, B, and C) Next of kin is not determined by birth order or current living situation; both adult children have equal standing and should be encouraged to make decisions jointly. Although all surrogates are charged to make decisions with consideration to the patient's best interest, the primary guiding principle is substituted judgment (ie, what the patient would want).

(Choice E) Although a physician may institute emergency life-saving measures without consent if no surrogate decision-maker is available, the physician does not know what the patient would have wanted. Consent from the next of kin is preferable.

Educational objective:
Consent for an incapacitated patient can often be obtained from an advance directive, either a living will or designated proxy. In the absence of an advance directive, decision-making falls to the next of kin, who is

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Exhibit Display

Hierarchy of substitute decision makers		
Highest authority	Patient-designated proxy (eg, durable power of attorney)	
	Court-appointed guardian*	
	Next of kin (default surrogate)	Spouse/partner
		Adult children
		Parents
		Adult siblings
		Other adult relatives
Lowest authority		Unrelated friends

*Usually only appointed if patient is not competent to designate a proxy

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(Choices A, B, and C) Next of kin is not determined by birth order or current living situation; both adult children have equal standing and should be encouraged to make decisions jointly. Although all surrogates are charged to make decisions with consideration to the patient's best interest, the primary guiding principle is substituted judgment (ie, what the patient would want).

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Educational objective:

Consent for an incapacitated patient can often be obtained from an advance directive, either a living will or designated proxy. In the absence of an advance directive, decision-making falls to the next of kin, who is responsible for making decisions based on what they believe the patient would want (substituted judgement).

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Decision making capacity
Subject	System	Topic

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